| | 1 | Film G6 | 09 item 23 | | DEDADT | | | ARYLAND | Luveie | NE O | -2 | 8 4 | a 1 | | |
|---|---------------|----------------------------------|---|---------------------------------|----------------|------------------|--------------|-------------------------|-------------|------------------|---------------|----------------|----------|------------------------|----------|
| 234051 | 1- | STATE 11/ REGISTRAR | 15/85 rja | | | EXAMIN | | C | OF DE | 80.40 | . 0 | | 4 | | |
| 7001001 | | CEASED NAMI | E FIRST | | MIDDLE | EXAMIN | EK 3 | LAST | 01 01 | 20 DATE 1 | REG. N | | DAY | YEAR | 26 HOUR |
| Wald With | (TYI | PE OR PRINT) | Denn | ie | W. | | P | ailey | | Or. | MATED | ~ 3 | 5 1 | 9 85 | |
| 一 到8票8票 | 3 SEX | X | 4. RACE | 5. DATE OF BIRTH | | 6 AGE (IN YE | ARS IF UN | DER 1 YR. IF UND | ER 24 HRS. | . 2c. DATE | | HTMOM | DAY | YEAR | 2d HOUR |
| S S S S S S S S S S S S S S S S S S S | 1 | Male | White | 11-1-19 | 46 YEAR | 38 YE | | S DAYS HOURS | MIN, | PRONOUN DE AD | CED | 8 | 5 | 19 85 | 3:28 |
| NA SER | 70. B | IRTHPLACE (S | TATE OR | 76 CITIZEN OF W | HAT COUN | VTRY? | 8 MARR | ED NEVER MA | RRIED | 9 BALTIM | ORE CITY | OR COUN | TY OF DI | EATH | |
| DAYS & | | WV | | | SA | | WIDOW | | RCED T | | | Count | | | MD |
| Z HOLES | 10. C | ITY OR TOWN | | 11. NAME OF HO | ACRITY, GIVE S | STREET ADDRESS) | | | FOI | SUAL OCCUP | KING LIFE) | | 126 KIN | INDUSTR | SINESS |
| - CHESSE | Liell | Columb | | Howard (| | | | ospital | 3 | auto | pain' | ter | | | / |
| 20 SCIANT | | TATE | 13b. COUP | VTY | | Y OR TOWN | ONJ | 13d. INSIDE CITY LIMITS | | REET ADDRES | | 20 | 99 | 91 | 1 |
| 0.2 2.44.44 | 14 E | Md . ATHER'S NAME | | loward | J | essup | | YES NO | | 549 M | onter | v1de | o Ro | ad/ | |
| BALTIMORE, MD. 2120 S AFTER DEATH, IF ANY GIVE BAGES 1, 2, AND TH FORM PM 3 RETA FACES 1 AND 2/SHOUL WISION CE MEN RECO | | FIRST | Bill | WIDDIE | Ba | iley | | FIRST | Blond | dena | King | _ | L | AST | |
| IMO PAGES | | MAS DECEASE (ES. NO, OR UNKNO | DEVER IN U.S. AF | RMED FORCES? E WAR OR DATES) | | CIAL SECURIT | YNO. | 17 INFORMANT | *** | | ADDRES | iS | | | |
| S A S A S A S A S A S A S A S A S A S A | | No | No. 194 | | | N/A | | Blonder | na K: | ing G | rubb | | | | |
| F 9 8 5 9 | | 18 CAUSE C | ATLIBALAC CALICA | nly one cause per lin | | | | | | | | | | PROXIMATE EEN ONSET | INTERVAL |
| NALE OF THE PARTY | | general series | IMMEDIA | ATE CAUSE (a) H | angin | NSEQUENCE (| OF. | | | | | | | | |
| 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | ns, if ony, which | | (40 4 60 | TOE GOETTEE | | | | | | | | | |
| W W. | | couse (o | se to immediate) stating the <u>under</u> | | R AS A CO | NSEQUENCE (| OF | | | 7 | 5 | | | | |
| SEAN ON | | lying cou | ose last. | (c) | | | | | | | | | | | |
| BORE NO. | | PART 2 OTHER 51 | GNIFICANT CONDITION | CONTRIBUTING TO DEATH | BUT NOT REL | ATEO TO THE TERM | HINAL OISEAS | OR CONDITION GIVEN II | N PART 1 10 | | | | | | |
| UID BE DUID BE DE MEDIC BE DAS A REDIC BE DAS A REALTH LEATH | No. | IA DAYE OF | OPERATION | Tres corre | | | 4710111 | AS PERFORMED? | | | | | Test to | | |
| TAL TAL TAL TAL TAL TAL TAL TAL TAL TAL | CERTIFICATION | 190. DATE OF | OPERATION | 196 COND | ITION FOR | WHICH OPER | (ATION W | AS PERFORMED? | | | | | 20 B | ODY ES X | |
| * ************************************ | ER | 21a. EXTERNA | AL CAUSE WAS | 21b. TIME C | F INJURY | | 21c H | OW INJURY OCCU | RRED (ENTE | R NATURE OF INJ | URY IN ITEM 1 | 8 PART I OR PA | | 25 129 | NO [|
| S CRETECATE SHOU RTINGSTHE WORD RTINGSTHE WORD REED TO THE CHE TE 3 SHOULD BE USE TO PRICE TO THE | | UNDERLYING | G XOR NG CAUSE OF | DEATH ? PA | 0 | 5 19 85 | Su | bject har | nged s | self. | | | | | |
| VISIO TING TING TING TING TING TING TING TING | MEDICAL | 21d. INJURY C | OCCURRED | 21e PLACE | OF INJURY | Y (AT HOME. | 21f. LO | CATION | | CITY OR TOV | arh) | | YIANG | | STATE |
| HIS C WARD AARE ATE | 5 | AT WORK | NOT WHILE | ya ya | | ere.j | | 9 Montevi | ideo F | | | | | MD | SIMIE |
| ATE, T MORW MD, 2 | | 72a. I certi | fy that I took char | ge of the remains de | scribed ob | | | sy X, Inspec | tion . | Inquiry | ☐, · | and in my a | pinian | 7 | |
| MINING BE F | | death result | ed from: Nati | urol causes . | Accident | | icide K | , Homicide |]. Unde | etermined ma | inner . | , | | | |
| WAR WITH | | ACTUAL | 4 | 20 | 2 | - 1 | | TITLE (SPECIFY | | | | DATE | 0/ | 6/05 | |
| SHOE SHOE | 1 | SIGNATURE | AM | - Vy | 1 | | N | D Assista | ATTL_ME | DICAL EXAM | INER | SIGN | ED_0/ | 6/85 | |
| AMED CUTE FR. D MMC | 1 | EXAMINER'S | Ann | M. Dixon | , M.D | | | ADDRESS13 | ll Per | nn St. | Bal | to.MD | | | |
| TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTO ATTER CRAFT, WITH THE BATTMORE, MARYLAN | 23a 8 | | TION, REMOVAL | 23b DATE | 230 | NAME OF CE | METERY C | R CREMATORY | 23d. L | OCATION | | COU | NIY | ST | ATE |
| 07/84 BP | | Bur | ial | 8-11-19 | 85 | Clover | Ce | metery | | Spenc | | Roan | e C | 0. V | V |
| 25M DHMH - 17 | 24 F | UNERAL DIREC | | ADDRES | S | ncer, | MIC | | TE REC'D. E | ORF A | | SISTRAR'S | | | 1 |
| (VR A15 ME (5)) | | Clv | de Sinn | ett. Jr. | -2he | SII COIL | ARAS | -76 (2400 | - EJ 1 | air | | 3 | - | | 1 |

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Londer A Ming

Caller St. St.

Clyde Elmett, Jr.-Ependor, w 1224

William - Halles | Company | Company

8 L. 1 S

220078 DEPARTMENT OF HEALTH AND MENTAL HYGIERY - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) 3 SEX IF UNDER I YEAR IF UNDER 24 HRS. 9 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED [WIDOWED INDUSTRY ISUAL RESIDENCE (IF NURSING HOME OR OTHER INST FATHER'S NAME (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line tox PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate couse (a), stating underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE RMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF P.M LIF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) marked NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT d b 73c. NAME OF CEMETERY BP. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S DHMH - 16 50M 4/83 (VRA 15. 4)

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

248011

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - | STATE REGISTRAR | | | | CERTIF | ICATE OF DE | ATH | RI | EG. NO. | | | |
|---|---------------------|---|------------------------------------|---------------------------------|-----------------------|-----------------------|----------------------|----------------|--------------------|-----------|---------------------|------------|-------------------------------|
| | | CEASED NAME | AFIRST | | MODLE | B | eckou: | +2 | 2a. DATE OF DEA | ATH MONT | H DAY | YEAR 85 | 1-30 Am |
| 1 | 1. SEX | FEMA | 120 | 4 RACE WHITE | | S DATE C | | YEAR 4 | 6. AGE (IN YEARS I | | YRS. | | IF UNDER 24 HRS HOURS MIN. |
| 1 | | RTHPLACE (STATE OR F | OREIGN | USA | WHAT COUNTRY? | WIDOWE | | RCED . | | OWARD | COUN | TY | MD. |
| | C | OLUMBIA | | HOWAR | OSPITAL, NURSIN | GEN. | | UTION | 120 USUAL OCC | TFE WOR | KING LIFE) IN | AT HO | OF BUSINESS OR OME |
| 6 | USUA 13a, S M | AL RESIDENCE IN NURS TATE LAND | | OTHER INSTITUTION. | GIVE RESIDENCE BEFORE | | | 10 🗌 | 7088 CRA | BLERO | CR ^{DE} WA | Υ # | #21045 |
| 2 | 14. FA | THER'S NAME HYMAN | | MIDDLE HO | ROWITŽ' | | JEN | NIE | MI | DDŁE | | OWIT | Ż |
| | 16a W | NO OR UNKNOWN) | | MED FORCES? VE WAR OR DATES) | 135-07-4 | | 17. INFORMAN 7080 C. | | DAVID BE | | TZ MBIA, | | 21045 |
| | CATION | Conditions, if ony, gove rise to imm cause (a), stolin underlying cause PART 2 OTHER SIGN | which nediate g the last. | DUE TO, OI (c) CONDITIONS CO | r as a conseque | ENCE OF SIA DEATH BUT | condio | COTHE TERM | 1. ~ | ? 1206 | IF YES, WE | ERE FINDI | |
| 6 | AL CERTIFICATION | 71a. ACCIDENT WAS UND | CAUSE OF DE | ATH HOUR A. | M. MONTH D | | 21c HOW INJU | JRY OCCUR | YES NO | | YES [| | NO [|
| | MEDICAL | 71d. IN JURY OCCURI | RED | 21e PLACE | | ARM ETC) | 211. LOCATION | ı | CIT | Y OR TOWN | | COUNTY | STATE |
| | | 276. SIGNATURE | ed alive aidid) (did n | at) view the bady | 24 , 10 | | DEGREE , AT | iur) apinian i | death accurred an | STAFF | 252 | d fram the | |
| 1 | T. | Im I A | Z. | H. (| Hom 141 | | 107 | 98 (| HIYCOT | ARM | DAE F | ed. | 4 |
| | - { | BURIAL, CREMATION, | | AUG. 27, | 1985 0 | HEB SI | HALOM ME | | RK REIS | TERSTO | | ÄLTO | MD |
| | | UNERAL DIRECTOR 010 REISTE | SOL ERSTO | | BALTO, M | | C. 215 | 25a. DA | UE 3 OF 19 | 85° 256 | REGILINA | S SECTION | ME. Name |

| | | | 100 | | | |
|-----------|--|--------|--------|-----|--------|--|
| | | | | | | |
| | Service De la Constitución de la | | | | | |
| | Later has | | | | | |
| | section hou | | | | 1800 | |
| William S | | | | | | |
| | arion in the | E90045 | | -WE | | |
| | | ie pe | Name a | | | |
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| | | 94 | | | er ett | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 000 | | REGISTRAK | | | | • | | REG. NO. | | |
|-----------------------------|---------------|--|---------------------------|---|---------------------|---|--------------------------------------|---|------------------------|-------------------------------------|
| | | CEASED NAME E OR PRINT) | FIRST | | MIDDLE | t. | AST | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| 11 | 1_ | M | ary | | C. | | Biedermann | | 1985 | 10° AM |
| X | 3 SE | X | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | |
| 1 | · | Female | | White | | Febr | uary 2,1886 | | RS | |
| 25 | | IRTHPLACE (STATE OR | FOREIGN | Th CITIZEN OF | | TRY? | NEVER MARRIED | 9 BALTIMORE CITY OR CO | JNTY OF DEATH | |
| 3/1 | | laryland | | U.S. | Α. | WIDOWE | | Howard Cour | ty | MD |
| 90 | | olumbia | ATH | II. NAME OF (IF NOT IN SUC Lories | CH FACILITY, GIVE S | URSING HOME C STREET ADDRESS) Sing Home | ROTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker | | of business or home |
| 86 | USU 13a | AL RESIDENCE (IF NURS STATE lary land | 13b COUN Howar | TY | BIVE RESIDENCE | TOWN City | 13d. INSIDE CITY LIMITS? YES NO 🛣 | 13e STREET ADDRESS / ZIP (| | 21043 |
| 101 | 14 F | ATHER'S NAME | | | | | 15 MOTHER'S MAIDEN NA | ME | | |
| 4/ | | John | ^ | George | Ba | iss | Louise | WIDDLE | Kuszm | aul |
| 9 | | WAS DECEASED EVER | | MED FORCES? | 166 SOCIAL | SECURITY NO. | 17. INFORMANT | ADDRESS | | |
| a ed | | No | (IF TES, GIVE | WAR OR DATES) | 213-74 | -5009 | Melba Sonder | egger Same as | #13 | |
| ry, or ather traumatic even | | Conditions, if any gove rise to improve (a), static underlying couse | which mediate ig the lost | DUE TO, O (c) | R AS A CONS | EQUENCE OF | | NNAL DISEASE OR CONDITION | N GIVEN IN PART I | 0 |
| ony inju | CERTIFICATION | 190 DATE OF OPERA | STIM | 196 COND | IT Jac | HICH OPERATION | N WAS PERFORMED | Cardiavyop | IF YES WERE FINDE | INGS USED |
| 37 | E | | | | | | | YES NO | YES | NO 🗆 |
| 8 | | 210 ACCIDENT WAS UNI | CAUSE OF DEAT | In . | | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITE | M 18 PART I OR PART 2) | |
| ked or It | MEDICAL | 21d INJURY OCCUR | RED | 71e PLACE | | | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| 21 is mor | | 22a I certify that (1) sow the deceas above (1) (we) (| (this hospite | | | - | d that i (m) (our) opinion | deoth occurred on the date of | hour and from the | that (I) (we) last couses stated |
| II: If Hem | | Th Sysmature Card | 100 | bum | De | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 0/ | 9/85 Z |
| MPORTAN | | BRAD | ME (TYPE) | COOPE | R, m | 8 | 2850 HEAL | TH PARK DR. | ELLICOT | T (TE M |
| - | 23a | BURIAL, CREMATION, SPECIEX Burial | REMOVAL | 23b. DATE 8/12 | | | d Cemetery | Baltimore | COUNT Md. | STATE |
| | | | ~ | | | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

Leroy M. & Russell C. Witzke Funeral Homes P.A. AUG 13 1985 REGISTRATISSIGNA PROCESSION AND AUGUST A

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | FOR · STATE REGISTRAR | | | DEPARTA | | IEALTH AND MENTAL AYGI | IENE REG. N | | | | 4 |
|---|---------------|---|----------------------------------|---------------------|--|-------------|----------------------------------|--|--------------------|-------------------------|-------------|------------|
| 1 | | CEASED NAME | FIRST | , | MIDDLE | (| LAST | 20. DATE OF DEATH | | YEAR | 2b. HOUR | |
| | litte | | EN E. | BRADE | (JAC) | | | August 2 | 5, 1985 | | 65 | ? M |
| 1 | 3 SE | | 4. R | ACE | OKIZ | 5 DATE C | | 6 AGE (IN YEARS LAST BIR | | UNDER : YEAR | IF UNDER 2 | |
| | F | emale | 1 | White | | Febri | uary 20, 1903 | 82 | YRS. | NIH5 DAYS | HOURS | MIN, |
| | 7a. Bi | RTHPLACE (STATE OR FORE | EIGN 7b. (| CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | | FDEATH | | |
| 1 | M | Maryland | | | .S.A. | WIDOWE | D DIVORCED | Howard C | ounty | | | MD. |
| | | Cllicott Ci | ty 11. | | HOSPITAL, NURSIN H FACILITY, GIVE STREET / PINEWIC | ADDRESS) | ad | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWIFE | | 126. KIND O INDUSTRY | F BUSINES | SOR |
| 7 | 13a. S | | HOME OR OTHE LOUNTY Howard | | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Ellicott | N . | 134 INSIDE CITY LIMITS? YES NO 🔀 | 13e STREET ADDRESS 2925 Pin | ewick R | oad 2 | 21043 | |
| | 14. FA | THER'S NAME FIRST | MIDD | LE. | Garmer | | Katherine | Gringer MIDDLE | Gran | ger last | | |
| | | VAS DECEASED EVER IN | U.S. ARMED | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRE | | , | | |
| | | No | | | 217 14 5 | 693D | Mrs Chester I | Cowers 292 | 5 Pinew | ick Ro | oad | - |
| | | 18 CAUSE OF DEATH | Enter only or | ne couse per | line for (a), (b), and | Here | 1.0 13 | | | APPROXI BETWEEN C | MATE INTERV | AL EATH |
| | | | MEDIATE CA | | 17 orus | claho | Les Caralor | recular | Leises | 606 | 25 | |
| | | | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | / | 1 | |
| Ì | | Canditions, if any, w gave rise to immed | hich ligte | (b) | | | | | | | | |
| | | cause (a), stating | the last. | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | | |
| | | DART 2 OTHER SIGNIE | CANIT CON | (c) | ANTERIORITING TO D | CATH DUY | NOT RELATED TO THE TERMI | | | | | |
| | Z | PART 2 OTTER SIGNIFI | CANT CON | DITIONS CC | NIKIBUTING TO D | EAIH BUI | NOT RELATED TO THE TERMI | NAL DISEASE OR CON | DITION GIVEN | IN PART 110 | | |
| | CERTIFICATION | 190. DATE OF OPERATIO | N | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, W | VERE FINDIN | GS USED | |
| | TIFIC | | | | | | | YES NOT | IN CERTIFYIN | | OF DEATH | ? |
| 9 | | 210. ACCIDENT WAS UNDERL | SE OF DEATH | | M. MONTH DA | | 21c. HOW INJURY OCCURRI | ED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART | I OR PART 2) | | |
| | MEDICAL | 216 INJURY OCCURRED | | P./ 21e. PLACE (| OF INJURY | 19 | 211. LOCATION | | | | | |
| | W | WHILE NOT WHILE | | (AT HOME STR | EET, FACTORY OFFICE, FA | RM ETC) | STREET | CITY OR TO | WN | COUNTY | STA | TE |
| ١ | | 22a I certify that (I) (she | ·s hospital) | | deceased from | | 115 1985 | . to 8/2 | . 19, | 85 | hot (I) (we | e) last |
| ١ | - 6 | saw the deceased of | olive an | w the body | olter death. | , on | d that in (my) (propinion di | eath occurred on the do | ate and haur or | nd from the c | ouses state | ed |
| | | 226. SIGNATURE | 7 | | 6 / | 0 1 | DEGREE | | | 22c. DAJE S | IGNED | |
| 4 | | Mull | com | SU | I Mu | | ATTENDING PHYSICIAN | MEDICAL STAF | IAN 🗍 | 8/2 | 7/85 | |
| | | E.P. W | TYPE OR PRIN | 1n S | DAI | | 5550 BAL ? | VART'L | PK 2 | 1225 | 1 | |
| | 23a. B | URIAL, CREMATION, REA | | b. DATE | | | EMETERY OR CREMATORY | 23d LOCATION | .c. | OUNTY 3 | STA' | T.F. |
| | | Burial | 194 | Aug. 2 | 8, 1985 | Imma | anuel Luthern | Baltimo | | arylar | na . | |
| | | INERAL DIRECTOR | Marc | 0-1 | 400855 | fact | 250 DATE | REC'D. BY REGISTRAN | 25b. REGISTRAF | ASIGNAL | pensiell | 6 |
| 1 | нar | ry H Witzke | * APTTY | COTUM | INTA KOETI | LICOL | L CILY A | JG 30 1985 | 11 | | | |

IMPORTANT: If Item 21 is marked or Ite

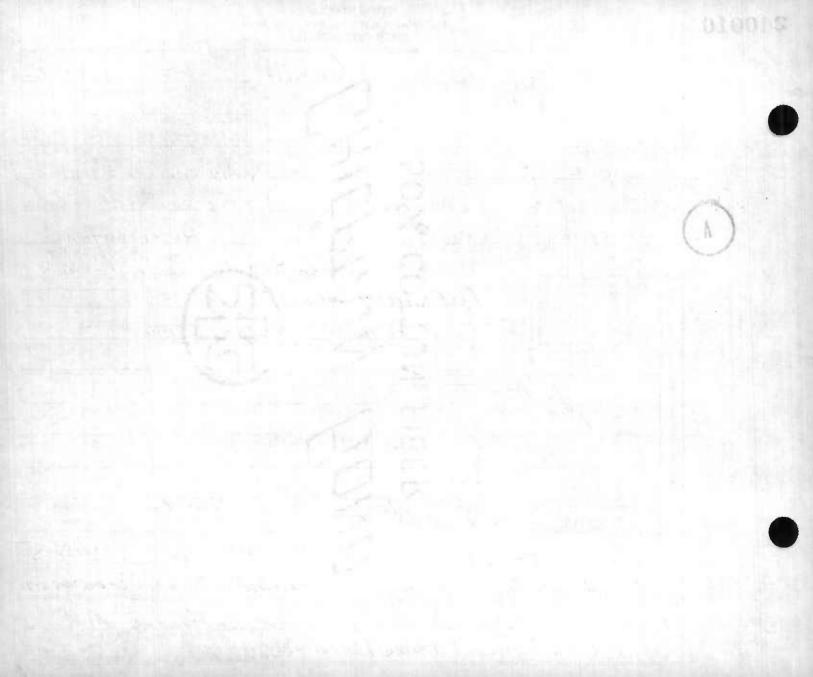
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REGISTRAR | CERTIFIC | AIL OF DEATH | REG. NO |). | |
|---|---|----------------------------------|--|---|------------------------------|
| DECEASED NAME FIRST | + PATRICK | Canall | 20 DATE OF DEATH | MONTH DAY YEAR ? | h HOUR |
| 1.SEX | DRACE 5. DATE OF | BIRTH CON NOT 1X | 6. AGE (IN YEARS LAST BIRTI | HDAY) IF UNDER I YEAR I | FUNDER 24 HRS |
| M | Caucasian 03 | DAY YEAR | 80 | YRS. | HOURS MIN, |
| | L CITIZENI OF WHAT COUNTRYS II | PNEVER MARRIED D | 9 BALTIMORE CITY OF | | |
| LRELAND | US A WIDOWED | | How | ARD | MD. |
| OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | BUSINESS OR |
| DUMDIA PESIDENCE LE NUIS NOME OR C | THE STATE OF RESIDENCE BEFORE ADMISSIONS | Sing Kime | Kadia ox | retator Ship | board |
| ATE 136 COUNT | 13c CITY OR TOWN | Bd. INSIDE CITY LIMITS? YES NO [| 75 70 S | ZIP CODE AR bury | OPO7 |
| FATHERS NAME FIRST Eremiah | IDDLE LAST | S. MOTHER'S MAIDEN NAM | WIDDLE | LAST | |
| 60 WAS DECEASED EVER IN U.S. ARM | | 7 INFORMANT | ADD RES | s Kylingto | C+ |
| MES, NOOR UNKNOWN) (IF YES, GIVE | WAR OR DATES) 505-05-3355 | Lingen Si | tula i | BUI haybro | Md |
| 18 CAUSE OF DEATH (Enter only | one couse per line for (o), (b), and ic | | | APPROXIMA BETWEEN ON | TE INTERVAL SET AND DEATH |
| PART I. DEATH WAS CAUSED | K L PIN II FINA | 1 ARROST | | | |
| | DUE TO, OR AS A CONSEQUENCE OF | 10- | 00. | | |
| Conditions, if any, which | (16) METASTATI | C. CAKCINO | MA PROS | ATE | |
| gove rise to immediate couse (0), stating the | DUE TO, OR AS A CONSEQUENCE OF | | | | |
| underlying couse lost. | (c) | | | | |
| | PADITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMI | NAL DISEASE OR COND | ITION GIVEN IN PART 110 | |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH OPERATION | MAC BEREORASED | 120a AUTOPSY? | 206. IF YES, WERE FINDING | 5.11550 |
| DE 196 DATE OF OPERATION | - 198 CONDITION FOR WHICH OPERATION | WAS PERFORMED | | IN CERTIFYING CAUSES O | F DEATH? |
| 210 ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c. HOW INJURY OCCURR | FD (ENTER NATURE OF INJURE | | NO 🗌 |
| 00.00.100.00.10 | HOUR A.M. MONTH DAY YEAR | | ([14][4.44][64][6] | 7 | |
| OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | P.M. 19 21e. PLACE OF INJURY 2 | III LOCATION | | | |
| WHILE NOT WHILE | (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) | STREET | CITY OR TOV | VN COUNTY | STATE |
| 22a.1 certify that (1) (this haspite | all attended the deceased from 19 | FU 10 | to Priese | 10 th | ot (1) (we) lost |
| saw the deceased alive on above, (1) (we) (did) (did not | 8/17 19 5 ond | that in (my) (our) opinion d | | te and hour and from the co | |
| 226 SIGNATURE | √ DE | GREE | MEDICAL STAF | 22c. DATE S | GNED |
| Melle Mls | in lin | | DIRECTOR PHYSIC | AN 8/1 | 8/83 |
| 22d. PHYSICIAN'S NAME ITYPE OR L-CASAS M | FOR DR. G. COMPION | 14201 LAU | REZ PL DK. | # ZZI LAURER | MA 2070 |
| BURIAL, CREMATION, REMOVAL | | METERY OR CREMATORY | 23d LOCATION | EOUNTY M | STATE |
| 19 Urial 4 FUNERAL DIRECTOR: | 1709 20, 1905 Tank | wood cem | | MO 1-Q / | d, |
| NAME | 1 1 1 | / ZJU, DAIL | THE D. DI REGISTRAR | OF HEODINAK S SIGNATUR | 16 |
| Donaldson | Lunonal roof to mo. L | aurel Mali | G 2 0 100E | 11. 11. 15 10 | 7.00 |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After the contribution as the bound to the bound to the bound the



1 - FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAE-NYGIENE

CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

| TYPE | OR PRINT) | | | | | | 9.0 | | | | | 7.0 | |
|------|--|---------------|------------------|-------------------------|-----------|----------------------------------|-----------------|----------------|---------------|----------------|-------------------|---------------|------------|
| | | Ren | u | / I | IMI | Dh | ieer | August | 19, | 1985 | | 12 | :49 |
| . SE | X | | 4. RACE | | 5. DATE C | | | 6. AGE INYE | ARS LAST BIRT | HDAYI | IF UNDER I YEA | | |
| F | emale | | | | 7OV | vembar 9, | 1985 | 36 | | YRS. | MONTHS DAYS | HOURS | MIN. |
| | RTHPLACE (STATE OR F. | OREIGN | Th CITIZEN OF | WHAT COUNTRY? | 8 | DXC NEVER MAR | anten [| 9 BALTIMOR | E CITY O | | Y OF DEATH | | |
| | ndía | | Indía | | WIDOWE | | | Howard | Cour | ity | | | M |
| 0. C | TY OR TOWN OF DEA | TH | 11. NAME OF H | OSPITAL, NURSIN | IG HOME C | OR OTHER INSTITU | TION | 12a USUAL O | | | | OF BUSINES | |
| C | olumbía | - 22 | | CountyGer | | Hospital | | Hous | ewife | WORKING E | IFE) INDUSTR' | | |
| | AL RESIDENCE (IF NURSI | 13b. COUN | | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY | LIANITS 1 | 112. STREET A | DDBESS | | | | |
| M | aryland | Howa | | Columbia | | | O [| 6256 C | ardir | nal La | ane 21 | .044 | |
| 4 FA | THER'S NAME | | AIDDLE | LAST | | 15 MOTHER'S M. | | WE | | | | | |
| V | ikram Jit | Singh | MIDDLE | LASI | | Sari | la Wa | alía | MIDDLE | | Į. | AST | |
| 6a V | VAS DECEASED EVER | | AED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | | ENT | ADDRE | | | | |
| N | (ES, NO OR UNKNOWN) | (IF TES, GIVE | WAR OR DATES | 059 48 2 | 2837 | Rajendra | a K Dh | eer 62 | 50 Ca | rdina | al I | ane | |
| | 18 CAUSE OF DEATH | H (Enter an) | y ane cause per | line for (q), (b), and | d (c).) | - | 7 | | | | BETWEEN | XIMATE INTERV | AL EATH |
| | PART I. DEATH W. | | E CAUSE (a) | Acu. | te he | petic to | zilur | re | 5/4/8 | | | 1 wh | 1 |
| | STATE OF THE PARTY OF | | DUE TO OF | AS A CONSEQUE | NCE OF | | | | | | | | |
| | Canditions, if any, | which | ((b) | Carcino | ma | of Sinu | 5 Me | bohha | to 1 | ver a | . I have. | 10 mg | ite |
| | gove rise to imm | | DUE TO OF | R AS A CONSEQUE | | | | | | | | 2765 | |
| | underlying cause | lost. | (c) | AS A CONSCOOL | INCL OF | | | | | | -1-80 | | |
| | PART 2 OTHER SIGN | IFICANT C | ONDITIONS CO | NTRIBUTING TO E | DEATH BUT | NOT RELATED TO | THE TERMI | INAL DISEASE | OR CONE | ITION GIV | VEN IN PART I | (a) | |
| ON O | MINNE SO | | | | | | | | | | | | |
| CAI | 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORME | ED | 20a AUTOF | SY? | | S, WERE FIND | | |
| TIFF | Made Stiller | | | | | | | YES 🗆 | NO | | FYING CAUSE | NO T | 13 |
| Ü | 210. ACCIDENT WAS UND | | 21b. TIME OF | FINJURY M. MONTH DA | V VEAD | 21c. HOW INJUR | Y OCCURR | ED (ENTER NATI | JRE OF INJUR | Y IN ITEM 18 I | PART OR PART 2) | | |
| AL | OR CONTRIBUTING C | | P.A | | 19 | | | | | | | | |
| EDI | 21d INJURY OCCURR | ED | 21e. PLACE C | | 12 | 21f. LOCATION | | | | | | | |
| 2 | HILE NOT WHI | ILE . | (AT HOME STRE | EET, FACTORY, OFFICE FA | ARM ETC) | STREET | | | CITY OR TOV | /// | COUNTY | 51 A | TE |
| | 220.1 certify that 41) | | ol) oftended the | deceased from_ | Sep | Lower | 9 84 | to /\ | wust | 19 | 19-85 | that (1) (wr | e) las |
| | saw the decesse above, (1) (web) (d | d alive an_ | | urt 19 19 1 | ft. on | nd that in (my) (our | opinion d | eath accurred | an the da | te and hou | | | |
| | 226. SIGNATURE | // | view the bodys | / | 1 | DEGREE | | | | | 22c. DAT | SIGNED | _ |
| | 1111 | Ma | Ma | un | n | | NDING SICIAN | MEDICAL | STAF | | 8- | 20185 | |
| | 224. PHYSICIAN'S NA | ME ITYPE OR | PRINT | 1 | | 12e ADDRESS | OICIMIA M | DIRECTOR | 3 11113101 | WI4 [] | 10 | 0 0 3 | |
| 1 | Chrose | -Tau | I wini |) | | 2 Knoll (| lack | Down | 0.1 | | mi | 2.00 | |

DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE

231 NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation Westview Memorial Park Catonsville Balto., Md. Aug 20,1985 14 FUNERAL DIRECTOR
Harry H Witzke 4112 Columbia Rd Ellicott City

| | E OF MARYLAND | 6) |
|-----------------|-----------------|------------|
| DEPARTMENT OF H | SEALTH AND MENT | AL HYGIENE |

2

| 1 | 1- | FOR STATE | | CEDTH | HEALTH AND MENTAL HYG FICATE OF DEATH | INE D | 2314 | 9 |
|----|----------------|--|---|--|--|--|-----------------------------------|---------------|
| - | | REGISTRAR EDWIN ALO | | TINSPIONE | LAST | REG. NO | | 3 |
| 1 | | SEASED NAME FIRST OR PRINT) | A. | 1 | 5 more | 20. DATE OF DEATH | - 11-5-5 | 2 15 M |
| | 3. SE) | (| 4 RACE | | OF 8IRTH | 6 AGE (IN YEARS LAST BIRTH | | UNDER 24 HRS |
| | 1 | nale | White | | ust 31, 1892 | 92 | YRS. | OURS MIN. |
| 1 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WI | HAT COUNTRY? 8 | ED NEVER MARRIED | 9 BALTIMORE CITY OF | COUNTY OF BEATH | |
| 2 | | Penna | u: | SA WIDOW | _ | Howard C | County ' | MD. |
| 1 | 10 CI | TY OR TOWN OF DEATH | (IF NOT IN SUCH F | DSPITAL, NURSING HOME (FACILITY, GIVE STREET ADDRESS) Nursing Home | | 120 USUAL OCCUPATION OF WORK FOR MOST OF Bartender | | |
| | JSUA 13a. S | AL RESIDENCE (IF NURSING HOME OR TATE | OTHER INSTITUTION GI | IVE RESIDENCE BEFORE ADDISSION | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / | ZIP CODE | |
| 4 | | | tgomery | Gaithersburg | | | nchton Place | 20879 |
| 1 | I4 FA | THER'S NAME FIRST Edmond | WIDDLE | Dinsmore | 15. MOTHER'S MAIDEN NA | MIDDLE | (unkn | own) |
| | | VAS DECEASED EVER IN U.S. AR | | 66 SOCIAL SECURITY NO. | 17 INFORMANT | ADDRES | 0 N 2nd Stree | + |
| Z | TY | | WAR OR DATES) | 178-01-7995 | Bruce T Her | t Funeral Ma | ome-St. Clair, | |
| | | 12.5 LU | | - Landa - Landa | bruce 1. nar | t runeral no | APPROXIMAT BETWEEN ONS | |
| | | PART I. DEATH WAS CAUSE IMMEDIAT | y one cause per iir D BY: E CAUSE (a) | Myocandial | Infance | | BETWEEN ONS | T AND DEATH |
| ч | | | DUE TO, OR | AS A CONSEQUENCE OF | | | | |
| | | Canditians, if any, which | (b) | | | | | |
| 1 | | gove rise to immediate couse (a), stating the | DUE TO OR | AS A CONSEQUENCE OF | | Collinia | | 36 |
| | | underlying cause last. | (6) | | | | | |
| | | PART 2 OTHER SIGNIFICANT C | ONDITIONS CON | NTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERM | INAL DISEASE OR COND | ITION GIVEN IN PART 110 | |
| | Š. | 160 miker | CH | 1/5 | | | | |
| 7 | CAT | 90 DATE OF OPERATION | 196 CONDITI | ON FOR WHICH OPERATIO | ON WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FINDINGS | USED |
| 4 | H H | | | | | YES NOT | LIN CERTIFYING CAUSES OF YES T | NO [|
| 2 | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR PART 2) | |
| f. | 10.00 | OR CONTRIBUTING CAUSE OF DEA | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF | FINJURY | 211 LOCATION | | | |
| | WE | WHILE NOT WHILE | (AT HOME, STREE | T, FACTORY, OFFICE, FARM, ETC.) | STREET | CITY OR TOW | OUNTY | STATE |
| | | 220 I certify that (I) (this haspit | - / 1 1 | deceased fram | 1925 | , to | f 19 10 ld + that | (I) (we) last |
| Ш | | saw the deceased olive on abave, (1) (we) (did) (did no | view the body of | ter death | ind that in (my) (aur) apinion | death accurred on the da | te and have and from the cou | ses stated |
| 9 | | 22b. SIGNATURE | 1 // | // | DEGREE | | 22c. DATE SIG | NED |
| | | V/A | 4/rek | 6000 | ATTENDING PHYSICIAN | DIRECTOR PHYSICI | | 12,- |
| | | 224 PHYSICIAN'S NAME LIYPE O | RPRINT) | //- | 22e ADDRESS | 1 10 | 750 Hickory | 1.1.11 |
| ü | | Confirm | 1 1161 | 6 | | | cal | |
| | 23o. B | SURIAL, CREMATION, REMOVAL | 73b. DATE | 23c. NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | 144 | |
| | . 1 | Burial | 8/14/8 | 85 St. Ma | arys Cemetery | | Schuylkill | PA. |
| | 21.6 16 | ትଟቃ ଫୁଟେ& Russel 30 Edmondson Av | 1 C. Wit | zke Funeral I | Homes P.A. 250 DAT | IG 1 3 1005 | Sh. REGISTRAR'S SIGNATURE | |
| | TO | 30 Edmondson Av | enue, ca | tonsville, M | a. 21220 A | UG 1 3 1985 | a waydoon of | andelle |

DHMH - 16 60M 7/84 (VRA 15, 4)

Harry H Witzke 4112 ColumbiaRd Ellicott City

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | FOR STATE REGISTRAR | | | IEALTH AND MENTAL | | 3 1 3 | 0 |
|---|---------------|---|--------------------------|-----------------------|-----------------------------|------------------------------|---------------------------|--|
| L | 1 DE | CEASED NAME FIRST | MIDDLE | | LAST | REG. NO | | EAR 26 HOUR |
| 1 | | Mary M | . D | ue. | | | - 85 | 2 14 pm |
| | 3. SE | × | A RACE White | 5. DATE (| | 6 AGE (IN YEARS LAST BIR | | TYEAR IF UNDER 24 HRS |
| | Fe | emale F | WIII | 4 | 5 96 | 11/8/8 89 | YRS. | The state of the s |
| 1 | 7a. Bi | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT C | OUNTRY? 8 | D NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF DEA | тн |
| 2 | | ryland | U.S.A. | WIDOW | | | arch | MD. |
| 1 | | | 11. NAME OF HOSPITA | L, NURSING HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPATI | ON 12b. K | IND OF BUSINESS OR |
| / | 1 | plumbia. | THE NOT IN SUCH FACILITY | GIVE STREET ADDRESS | eneral | Housewife | F WORKING LIFE) INDU | SIKY |
| 1 | | AL RESIDENCE (IF NURSING HOME OR I | | | THE STORY | | 710 0005 | 21021 |
| | 130 3 | No . III | Jana Cla | ortown arksuile | 13d. INSIDE CITY LIMITS | | Her Ro | 24: |
| | 14. FA | ATHER'S NAME | | | 15. MOTHER'S MAIDEN | NAME | 777 | |
| ß | | Logan Miller | AIDDLE | LAST | Mary Lou | MIDDLE | | LAST |
| 1 | 16a. V | WAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SO | CIAL SECURITY NO. | 17 INFORMANT | ADDRE | SS 210 | 120 |
| | No | | e WAR OR DATES) 216 | 5 28 4779 | John L Due 6 | 044 Trotter | Rd Clarks | ville Md |
| | - | | 1 | and the second second | 1 | | 1 .4 | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| | 14 | 18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION |) BY | | MONARY | ARREST | BET | WEEN ONSET AND DEATH |
| | | | DUE TO, OR AS, A C | ONSEQUENCE OF | | | | |
| | - | Conditions, if ony, which | (16) CO | NGESTI | VE HEAD | I FAILUR | E | |
| | | couse (a), stating the underlying cause last. | DUE TO, OR AS A C | ONSEQUENCE OF | LEROTIC | HOADT NI | SEASÉ | |
| | | PARTS OTHER CIONESCANT | | | | | | |
| | Z | PART 2. OTHER SIGNIFICANT C | OUDITIONS CONTRIBE | HING TO DEATH BUT | NOT RELATED TO THE IT | ERMINAL DISEASE OR CONI | DITION GIVEN IN PA | RT Ito |
| - | ATIC | 190 DATE OF OPERATION | 19b. CONDITION FO | OR WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE F | |
| 1 | CERTIFICATION | | | | | YES NO | IN CERTIFYING CA | NO [|
| 7 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL | HOUR A.M. MC | Y ONTH DAY YEAR | 21¢ HOW INJURY OCC | URRED (ENTER NATURE OF INJUR | TY IN ITEM TE PART I ORPA | RT 2) |
| / | CAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | | 19 | | | The state of | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJU | | 211 LOCATION STREET | CITY OR TO | WN COUN | ITY STATE |
| | - | AT WORK AT WORK | | | | | | |
| | 64 | 22a.l certify that (1) (this hospit | 0-127 | sed from | . 19 | , to | . 19 | , that (I) (we) lost |
| | | sow the deceased alive an above, (I) (we) (did) (did not |) view the body after de | oth. | nd that in (my) (our) opini | on death occurred on the do | ite and hour and fro | m the couses stated |
| | | 77h SIENATURE | | | DEGREE | | | DATE SIGNED |
| 1 | | Lleston | | | | MEDICAL STAF | | 127/85 |
| | | THAPHYSICIAN'S NAME THE OF | | , | 22e ADDRESS | | . 0 | |
| | | Perri Ger | show 1 | ID. | HC61 | 7 Emerge | ray 16 | oom, |
| | 230 B | BURIAL, CREMATION, REMOVAL | 23b DATE | | EMETERY OR CREMATOR | 23d LOCATION | I - D-I MUNIT | MA STATE |
| | - 11 | Burial | Aug 30, 19 | 85 Druid | Rodge | | le Balto | |
| | 24. FL | JNERAL DIRECTOR | | | 25a (| DATE REC'D_BY REGISTRAR | 256. REGISTRAR'S SE | GNATURE |

DHMH - 16 50M 4/B3 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shaws any

| / | 1. | FOR STATE REGISTRAR | | | DEI | PARTM | ENT OF H | OF MARYLEALTH AND | MENTALAYG | | 2 3 REG. NO. | 151 | |
|----------------------|---------------|--|--------------------------|------------------|------------------------------------|--------------|--------------|----------------------|---------------|---|-------------------|--|--|
| | 1. DEC | OR PRINT) | FIRST LGF | | P. | | FE | RRER | | 20. DATE OF DE | HINOM HIA | DAY YEAR | 3 40 3 nm |
| | 3. SE) | emale | | Cauc | asian | 1 | 5 DATE C | DAY | 1912 | 6. AGE (IN YEARS | (AST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| 17 | R | RTHPLACE (STATE OR COUNTRY) | 14- | U.S. | Α. | | WIDOWE | | MARRIED | | rd Cou | unty | MD. |
| 3/ | C | ty or town of dea | | Howar | d Cou | e street A | der Ger | | STITUTION | 12a USUAL OCI (TYPE OF WORK FOI Profe | R MOST OF WORKIN | GLIFE) INDUSTRY | B.C. |
| B | IVI S | AL RESIDENCE (# NURS STATE Aryland | Balt | ITY | 136. CITY OF Cator | RTOWN | V | YES 🗌 | CITY LIMITS? | | | venue 2 | 1228 |
| 30 |) 7 | THER'S NAME Vladimir | | | jeva] | | | | 'S MAIDEN NAA | M | nkown | LAS | |
| 2 | T | VAS DECEASED EVER (5) NO OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES) | 114- | 26- | 2705 | Rev. | Mark (| O'Dell | 4104 | to., Md Roland | Ave. |
| ייים מונים באפטוי וו | | 18 CAUSE OF DEAT PART I. DEATH W Conditions, if any, gove rise to im- couse [o], static | IMMEDIAT , which mediate | DUE TO, O | Puln | seque non | NCE OF | ed embol | ism | | | get week | male interval onset and realth mules o murile |
| alock, or delay | NO | underlying cause PART 2 OTHER SIGN | last. | (c)_ | NASA CON DELLO ONTRIBUTION | Yes | Thre | NOT RELATE | | INAL DISEASE O | R CONDITION | GIVEN IN PART 100 | 15-Whs |
| 9 | CERTIFICATION | 190 DATE OF OPERA | | | ITION FOR V | VHICH | OPERATIO | WAS PERF | WILE. | | O IN CEI | YES, WERE FINDIN RTIFYING CAUSES YES | OF DEATH? |
| | MEDICAL CE | 210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. IN JURY OCCUR WHILE AT WORK AT WORK | CAUSE OF DEA | HOUR A. | M. MONT M. | | Y YEAR 19 | 216 HOW I | ION | RED (ENTER NATURE | OF INJURY IN ITEM | (OUNIY | STATE |
| mem 2 1 15 mo | 7.5 | 220 I certify that (1) saw the decease above (1) we still 22b. SIGNATURE | this haspited alive and | al) attended the | e deceased after death | fram | , (1) | DEGREE | 11500 | death occurred a | | haur and fram the | |
| | | 224 PHYSICIAN'S N. | - | PARNES | | | m: | 22e ADDRE | SS | MEDICAL DIRECTOR D | | Kwy, Cou | ombia, Mb |
| \$ 1 | I | urial, cremation, Burial | REMOVAL | 8-14- | 85 | | | emetery or rinit; | | | ridge_ | county Balt | |
| 33 | | INERAL DIRECTOR | 3 77 | Oo + | 7 7 7 10 | norce T | s - 1 | 11000 | ZSO DATI | E KEC'D, BY REG | STRAKIZSE REC | SISTRAR'S SIGNAT | URE |

DHMH - 16 50M 4/83 (VRA 15, 4)

MacNabb F.H. Catonsville; Md. 21228

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ALLO 1 7 1005 Lie Davidson-Rondare

within 24 hours ofte

requires that the death certificate be executed

PHYSICIAN

ATTENDING

TO HOSPITAL

HUBBARD FUNERAL HOME, INC.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

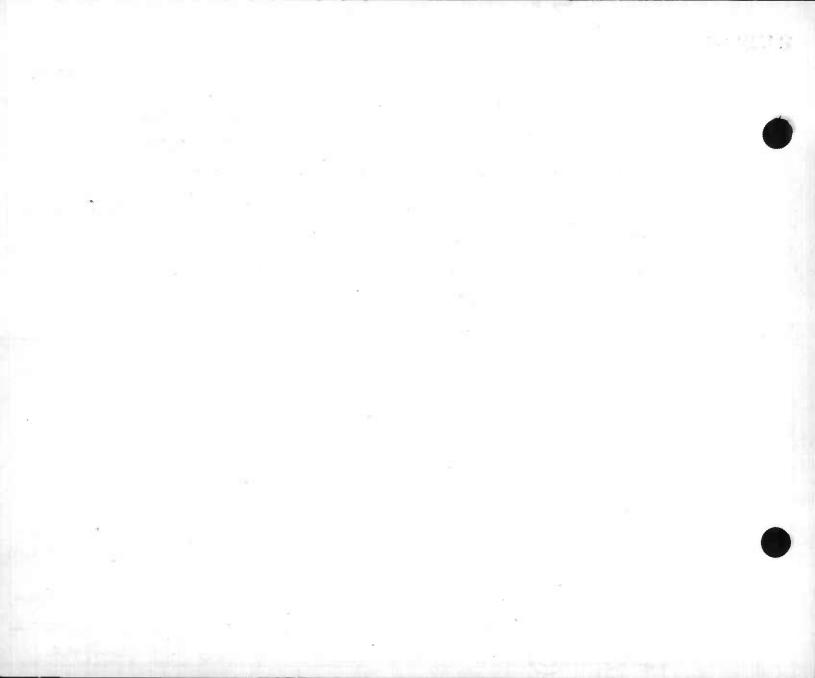
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

| 2 | -2 | 3 | State . | - 1 |
|-----|----|---|---------|-----|
| lin | 0 | 1 | ~ | Eng |

| ULD | | REGISTRAR | | CERTIFICATE OF DEATH | | | | | REG. NO. | | | | | | |
|--|---------------|---|---------------|----------------------|-----------------|-------------------|-------------------|--------------|----------------|--------------|--------------|---------------|-----------|------------|-----------|
| | | CEASED NAME F | RST | MI | DDLE | L | AST | | 20 DATE OF | DEATH | MONTH | DAY | YEAR | 2h. HOL | JR |
| deoth deoth | , | | 4 N | 1 | 4 | F | TITZ | | | | 8 | 25 | 85 | 07 | 03 M |
| 80 | 3. SE | | | ACE | | 5. DATE C | | | & AGE IN YEA | RS LAST BIRT | HDAY) | | ER I YEAR | IF UNDER | |
| ctor, p | | M | | 10/ | | MONTH | DAY | 02 | | 83 | YRS | MONTHS | DAYS | HOURS | MIN |
| dire bour | 70 B | RTHPLACE (STATE OR FOREK | 3N / 7b C | ITIZEN OF W | HAT COUNT | TRY? 8 | 4 | | 9 BALTIMOR | E CITY O | | | EATH | | |
| ZZ ZZ | | RYLAND | / T | J.S.A. | | WIDOWE | NEVERM | ORCED | 7 | 0 W | Ai | 0 5 | | | MD |
| 5 6 6 | | ITY OR TOWN OF DEATH | _ | | OSPITAL, NU | IRSING HOME C | | | 12ª USUAL C | CCUPATK | ON | 121 | KINDO | F BUSIN | |
| office of the | 0 | 0/11/00/2 | 4 | IF NOT IN SUCH | FACILITY, GIVES | 7 | Gauss | 4.1 | TYPE OF WORK | | F WORKING | | DUSTRY | ממאז | |
| 1 2 C | USU | AL RESIDENCE LIF NURSING | HEME OF OTHE | FIOWA | SIVE RESIDENCE | EFORE ADMISSION | GENER | 7 - | CHEC | NDR | 9 | | SHIPY | ARD | |
| 13 35 4 | | | COUNTY | | 13c CITY OR | | 134 INSIDE CI | | 130 STREET A | | CT 3337 | 0.000 | NTT-1411 | 011 | 220 |
| 470.4 | | ARYLAND | | | BALTI | MORE | YES X | MAIDEN NA | 3203 S | TRICK | LAN |) STE | ŒET. | 210 | 229 |
| | 9 | FIRST | MIDDL | | LAST | | F | RST | | MIDDLE | | _ | LAS | | |
| E FINE CO | 14. 1 | UNKNOWN VAS DECEASED EVER IN | LIC ABMED | | JNKNOW | SECURITY NO. | UNKI | | | ADDRE | 22 | | JNKNC | <u>/WN</u> | _ |
| p 0 p | | (ES, NO OR UNKNOWN) | YES, GIVE WAR | | | | | | | | | | L. | | |
| 0 % | | NO L | | | 217-0 | 1-8261 | ANNA F | TITZ | 3203 | STRI | CKL | AND | | EET | 21 |
| poper poper novol ent, th | | 18 CAUSE OF DEATH (8 PART I. DEATH WAS | Enter only or | ne cause per l | ine for (o), (b | ond ich | 1 | / | | | | \vdash | BETWEEN | MATE INTE | DEATH |
| o o o o o o o o o o o o o o o o o o o | | | MEDIATE CA | | Clar | diac | Anes | <u> </u> | | | | \rightarrow | | | |
| or o | | | | DUE TO, OR | AS A CONS | EQUENCE OF | 11 , | Faile | | | | | | | |
| Pion Pion | | Canditions, if any, w | | (b) | (ongs | istive | Itant | rauce | ME. | | | | | | |
| rem emo | | gave rise to immed couse (0), stating | the } | DUE TO OR | AS A CONSI | EQUENCE OF | | | | | | | | | |
| by ose ose ose | | underlying cause | last | (c) | | | | | | | | | | | |
| borne borne ry, o | _ | PART 2 OTHER SIGNIFI | CANT CON | DITIONS CO | NTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE | OR CON | DITION | GIVEN IN | PART TO | 01 | |
| The The | CERTIFICATION | | | | | | | | | | | | | | |
| Prid P | 3 | 190 DATE OF OPERATIO | Ν | 1% CONDIT | ION FOR WE | HICH OPERATIO | N WAS PERFOR | MED | 20a AUTO | PSY? | 206. IF | YES, WER | E FINDIN | OF DEA | D TH2 |
| shows | E | | | | | | | | YES 🗌 | NO | | YES 🗌 | CAOULU | NO [| |
| SOI W | Ü | 210. ACCIDENT WAS UNDERL | | 216. TIME OF | INJURY | DAY YEAR | N HOW INJ | URY OCCUR | RED (ENTER NAT | URE OF INJUR | RY IN ITEM I | B, PART 1 O | R PART 2) | | |
| mol-tr | ¥ | OR CONTRIBUTING CAU | | PA | | 19 | | | | | | | | | |
| bur H | MEDICAL | 21d. INJURY OCCURRED | | 210 PLACE C | | FICE, FARM, ETC.) | 211 LOCATIO | N | | CITY OR TOW | /M | | YTAUK | | TATE |
| s the | E | WHILE NOT WHILE | | (AT HOME, SIRE | EI, FACTORY, OF | FICE, PARM, ETC.) | 31112 | | | CITI ON TOW | | | 0.4.7 | 3 | 1016 |
| Se os t eolth o mork | | 22a I certify that (I) (th | is hospital) | attended the | deceased fr | om | | . 19 | , to | | | 19 | | that (1) (| (we) last |
| 2 of H | | saw the deceased | olive on | at a first | fr to the set | 19, ar | nd that in (my) (| our) opinian | death accurred | on the do | ate and I | hour and | fram the | causes st | rated |
| e de de | | abave, (I) (we) (did) | (did not) vie | w the body o | offer death. | | DEGREE | | | | | 2 | 2c. DATE | SIGNED | |
| T 0 0 1 | | /111 | (. | 1 | tus | ch | | TENDING | MEDICAL | STAF | | 150 | , 16 | | 8-25 |
| Abe deto | | 22d. PHYSICIAN'S NAM | (TYPE OR PRIN | NT) | 1 | | 22e ADDRESS | HYSICIAN [|] DIRECTOR [| PHYSIC | IAN 🔄 | - 1 | - / | 71. | |
| should be det with the State | | Mark | F | incl | | | | | | | | | | | |
| 5 4 3 4 | 22- | HIDIAL COLLECTION ST | vov. Ta | | | 22. NAME OF C | EMETERY OF F | DEMATORY | 123d. LOCA | TION | | | | | |
| | | BURIAL, CREMATION, REASPECTED | MOVAL Z | 36. DATE 8/28/1 | | 23c NAME OF C | | | Dund | TOWN | | COUNT | IY | Ma | ryla |
| | | | | 0/20/ | ٥٦ | Mt. Car | | | | | 201 050 | 107040:0 | CICAL | | гута |
| AH-16 20M | 74 F | UNERAL DIRECTOR | | | ADDRES | s 21 | 1229 | ZSO. DAT | E REC'D. BY RE | GISTRAR | 19 .0 | 200 | - | URE | |
| 15, 4) 7/78 | LIL | COMPA CINTED | AT HON | AF THE | 4107 | WILKENS | SAVENUE | I Alli | 12819 | 25 | 16 MB18 | Davids | 21/-Na | MOUNT | - |

4107 WILKENS AVENUE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGI

CERTIFICATE OF DEATH

| ENE | | | | |
|-----------------|---------|-----|------|---------|
| RE | G. NO. | | 1.02 | |
| 2a. DATE OF DEA | нтиом Н | DAY | YEAR | 26 HOUR |

| 9 | 1- | FOR STATE REGISTRAR | D | EPARTMENT OF H | EALTH AND M | | | 0 1 | 3 3 | |
|-----|---------------|--|--|-----------------------|------------------|-----------------|------------------------------|---------------------|-------------------|-----------------------|
| V | 1.00 | | MIDDLE | | VST | | REG. NO 20. DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| 9 | | CEASED NAME FIRST Jame | | Fit | z gen | 11 | ZE. DATE OF DEATH | 8 19 | 8.5 | 7:35 AM |
| , | 3. SE) | | 4 RACE | 5. DATE C | FBIRTH | | AGE (IN YEARS LAST BIRT | | INDER TYEAR | IF UNDER 24 HRS |
| 40 | 1 | Male | white | MONTH | 13 | 20 | 65 | YRS | THS DAYS | HOURS MIN. |
| 1 | | RTHPLACE STATE OF FOREIGN | 16. CITIZEN OF WHAT CO | UNTRY? 8 | □ NEVER M | ARRIED - | BALTIMORE CITY OF | COUNTY O | DEATH | |
| | M | ARYLAND | USA | WIDOWE | DIV DIV | ORCED | Howen | 9 | OUN | ty MD. |
| // | 10 C1 | TY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, O | | R OTHER INSTI | TUTION | 12a USUAL OCCUPATION | ON WORKING LIFE) | 126. KIND C | OF BUSINESS OR |
| / | 1 | Columbia | Howar | 6 Court | m Ge | revel | CUSTODIAN | | | Schools_ |
| 26 | | AL RESIDENCE (IF NURS | OTHER INSTITUTION GIVE RESIDE NTY 13c CITY | OR TOWN | 13d INSIDE | TY LIMITS? | 13e.STREET ADDRESS / | ZIP CODE | | |
| 0 | 1 | Manyland | (B) | 1/ some | YES 🚺 | NO 🗆 | 2038 Whist1 | er Ave | oue : | 21230 |
| 200 | 14. F.A | THER'S NAME | MIDDLE | LAST | | MAIDEN NAM | E MIDDLE | | LA! | it |
| H | 1 | JAMES | | TZGERALD | MAF | | | | | BLANK |
| 1 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166. SOC | IAL SECURITY NO. | 17 INFORMAN | NT. | ADDRE | SS | | |
| 1 | | NO | | -14-8318 | MIKE F | TTZGERA | ALD 405 Clo | ver Ct | 21 | 787 |
| | | 18 CAUSE OF DEATH (Enter on | nly ane cause per line far (a | 1, (b), and (c).) | 0 | ^ | 1 | | APPROX BETWEEN | MATE INTERVAL |
| | | PART I. DEATH WAS CAUSE IMMEDIAT | TE CAUSE (a) He | parto - | hence | 1 54 | Maron | <u>e</u> | 3 | days |
| | | | DUE TO, OR AS A CO | NSEQUENCE OF | - | 7 | | | | |
| | 0 | Conditions, if any, which | 2 | lyear | | | | | | |
| | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS ACC | PHSEQUENCE OF | linen | 2.5 | secree | | 10 | years. |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUT | ING TO DEATH BUT | NOT RELATED | TO THE TERMIN | NAL DISEASE OR CONE | DITION GIVEN | IN PART 1: | a |
| | CERTIFICATION | Alcoholis | SM | | | | | | | |
| a | S | 19a. DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION | WAS PERFOR | RMED | 20a AUTOPSY? | 206. IF YES, V | | NGS USED OF DEATH? |
| 1 | = | See | | | | | YES NO | YES (| _ | NO [] |
| 1 | Ü | 210. ACCIDENT WAS UNDERLYING | | NTH DAY YEAR | 21c HOW INJ | URY OCCURRE | D (ENTER NATURE OF INJUR | Y IN ITEM 18. PART | I OR PART 2) | |
| 7 | CAL | OR CONTRIBUTING CAUSE OF DEA | | 19 | | | | | | |
| / | MEDIC | 21d INJURY OCCURRED | 21e. PLACE OF INJUR | | 211 LOCATIO | N | CITY OR TOV | VN | COUNTY | STATE |
| | Σ | AT WORK AT WORK | (AT NOME, STREET, PACTOR | 1. OFFICE FARM, EIC J | | | | | - | |
| | | 22a 1 certify that (I) (this haspi | ital) attended the decease | d from 7 | 18 | , 19 55 | _, to | 1919 | 85 | that (I) (we) last |
| | | 20M THE DECENSE | w the body after dear | | d that in (my) (| aur) opinian de | eath accurred on the da | te and have a | nd fram the | causes stated |
| | | 226. SIGNATURE | 1 6/11 | | EGREE | 34 | | | 22c DATE | SIGNED |
| 1 | | | M CV | MULL | P | HYSICIAN 1 | MEDICAL STAF | | 0// | 4/83 |
| 1 | 16 | 22d. PHYSICIAN'S NAME (TYPE C | 1 17 | 0 | 22e ADDRESS | 1. | 11 | 2 1 | 0 | / |
| | | | 1- 11-001 | mu | 100/ | 21 11 | ichowy / | 1: NAP | Kom | - 1 |
| - | | Charles | E. Sheeh | ero i ii | 1000 | Jeps 14 | , | 1109 | 1 | 10,0 |
| | 23a B | SURIAL, CREMATION, REMOVAL | | 23c. NAME OF C | EMETERY OR C | REMATORY | 23d LOCATION | 1109 | OUNTY | STATE |
| | (| | | -(-0 | EMETERY OR C | | 23d LOCATION CITY OR TOWN | | | STATE ARYLAND |

DHMH - 16 50M 4/83

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather

(VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

GER ES PIS STORED STIT MY STORE I Tod tos si ? stinu sim VT. vot bromost & AZU Howard Courty Coursel A Superfluct 5 mymath He pate hours syndresine Zyaha. converge to have contect 1 years Middle Time discover 10 years rwedodos/A Charles E Sheems MD 10802 Hekong Made Road

| 240020 | 1. | FOR STATE REGISTRAR | | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTALHY ICATE OF DEATH | GIENE 2 | 3 1 5 4 | |
|--|---------------|---|----------------------------|---------------------------------------|-------------|--|---|-----------------------------------|--|
| 249039 | | CEASED NAME FIRST | | MIDDLE | | AST | REG. N | MONTH DAY YEAR | 25 HOUR |
| of the be | CTYPE | George George | Alber | E | Glenn | | | | |
| moy be | 3. SE | | 4 RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | 8-28-1985 THDAY) IF UNDER 1 YE | AR IF UNDER 24 HRS |
| ge 4 | | Male | Wh | íte | 2 | 8 1904 | 81 | MONTHS DAY | YS HOURS MIN. |
| 8 12 1 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF DEATH | |
| deoth | | Maryland | U.S. | | WIDOWE | DI DIVORCED | Howard Co | unty | MD. |
| 1 11/1/ | | TY OR TOWN OF DEATH | HE NOT IN SU | CHEACILITY GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O | | O OF BUSINESS OR |
| 201 | - | Ellicott City | | Chatham | | 21043 | Retired E | | pany |
| 4 ho | 130 | AL RESIDENCE (IF NURSING HOME OF TATE 136 COL | INTY | 13c. CITY OR TOW | VN . | 136 INSIDECITY LIMITS? | 13e. STREET ADDRESS | | |
| LAN 2 | | aryland Ho | oward | Ellicott | City | YES NO | 3368 N Ch | atham Road | 21043 |
| A with | 1 | Charles R Glenr | MIDDLE | LAST | | 15 MOTHER'S MAIDEN N FIRST Cather: | * MIDDLE | | LAST |
| ii. N | 160 \ | VAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECU | JRITY NO. | 12 515000114117 | *2000 | ESS 0304 | |
| Posts | (| res, no or unknown) (IF yes, GI | VE WAR OR DATES) | | | Mrs Shirley | Kirchhoff 9 | 736 Spiral | Meade Dr |
| ALT ote b | | 18. CAUSE OF DEATH (Enter of | inly one cause pe | r line for (a), (b), an | dict | , | | | OXIMATE INTERVAL EN ONSET AND DEATH |
| ST., E | | PART I. DEATH WAS CAUS | ED BY: ATE CAUSE (0) | Probable | | ite myscaro | tial infair | | |
| ON or the central or | | | DUE TO, C | OR AS A CONSEQUE | | 1 + 4 5 0 | 4-1 | 11 | (Year |
| A dea de | | Conditions, if any, which | (b)_ | Jenera | recild | anuoselle | ed K. Cardior | nacular dise | askell |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST NG PHYSICIAN. The low requires that the death cert ottending physician. Iter this certificate has been signed by the ottending is the burial-transit permit. Then please remove corbin th and Mental Hygiene prior to burial, cremation, or orked or them 18 shows any injury, or other traumatic. | | cause (a), stating the underlying cause last. | DUE TO, C | OR AS A CONSEQUE | ENCE OF | | | | |
| 301 ned h | | PART 2. OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT REPLATED TO THE TER | MINAL DISEASE OF CON | DITION GIVEN IN LART | Max |
| RDS, | NO NO | Congrati | To hon | it dail | CARE. | 11. | kensin Cardin | 1.11 | - |
| ECO ow r prio | CERTIFICATION | 190 DATE OF OPERATION | 19b. COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20g AUTOPSY? | 200. F YES WERE FINE | DINGS USED |
| ALR The I | RIFI | | | | | | YES NO | YES | NO [|
| DF VITANIANIANIANIANIANIANIANIANIANIANIANIANIA | _ | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 21b. TIME C | | AY YEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | RY IN ITEM 18, PART 1 OR PART 2 | 4 |
| ON O ding p s cert buriol- menta | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINE | R) P | .M. | 19 | | | | |
| PHY tends the bind he | MED | 21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, F | FARM, ETC.) | 211 LOCATION STREET | CITY OR TOV | NN COUNTY | STATE |
| DING or ot After e os t olith o | | | - 1 L L L | | 11/1 | 0. | 0/201 | 10. | |
| TENE rol of OR: or use of Head | | 220 I certify that (I) (this hosp sow the deceased alive | | | | strike icouper) phair | death accurred on the de | CD 19 to and from the | -, that (I) (last |
| RECT red fo em 2 | | sow the decased alive obove, (I) (we) did) (did no 27b. SIGNATURE | o view the body | after death. | uite 10 | EGREE | - death occurred on the di | 22. DA | TE SIGNED |
| the the etoch te Del | | Thad | March | h. hm | on Seco | urs Professionare | enter DICAL STA | FF 8/ | 29/85 |
| HOSPITA ned by FUNERA uld be de uld be de the stort of th | | 224 PHYSICIAN S NAME (TYCE | OPPRINT) | | | The ADDRESS PHYSICIAN PARENT P | DIRECTOR PHYSIC | IAIN | 70- |
| TO HOSPITA TO FUNERA Should be da with the Sto | | | | | | 7 W.D 21043 | | | |
| 7 5 7 4 3 3 | 23a. E | URIAL, CREMATION, REMOVA | L 23b. DATE | 230 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
| BP | | Burial | Aug 3 | 1, 1985 | Loudo | n Park | - 1 | ore Maryla | |
| DHMH - 16 60M 7/73 | | INERAL DIRECTOR | 8.7 (9.1) | ADDRESS | | 25a p.D. | | 250 REGISTRAP SISIGNA | Alterdale |
| (VR ∧ 15 (4)) | Ha | rry H Witzke 4 | 112 colu | umbia Rd | Ellic | ott City | 00 0 0 1000 | | |

mail tradition at the -

| | | | 4 | | | | | OF MA | | | | *7 2 | | |
|---|---|---------------|---------------------|-------------------|-----------------------------|---------------|--------------------|---------------|---------------|---|---------------------|------------------|------------------|-----------------|
| 0500 | 00 | | FOR STATE | | | | MENT OF H | | | | and a | S i | 2 2 | |
| 2520 | 89 | | REGISTRAR | | ME | DICAL | EXAMINE | R'S CEI | RTIFIC | ATE OF | | REG. NO. | | |
| | / | | CEASED NAME | FIRST | | WIDDIE | | LA5 | T | | 20. DATE K | X NOON | | AR 26 HOU |
| W ~ | 100 | (146 | E OR PRINT | DAV | rn. | 1 | IYMAN | 00 | RDON | | OF DEATH / | MATED | 8-30-85, | 4 3 4 |
| EAS 108 | 350 | 3 SEX | TA. | RACE | 5 DATE OF BIRTH | | AGE (IN YEAR | | | IF UNDER 24 H | | | | EAR 2d HOU |
| Z 3 | 255 | JL, | | MACE | MONTH DAY | YEAR | LAST BIRTHDAY | | DAYS | HOURS MIN | PRONOUNC | ED | 0 20 05 | 6:40 |
| 200 | 1828 | L.N | lale | White | 10-31- | 1941 | 43 YRS | | | | DEAD | | 8-30-85 | 9:40/ |
| ASS AS | EST A | | RTHPLACE (STAT | E OR | 76. CITIZEN OF W | HAT COUN | TRY? 8 | MARRIED | □ NEV | ER MARRIED | 9. BALTIMO | RECITY OR | COUNTY OF DEAT | Н |
| S S | S € 8 / 9 | 10 | Maryla | nd | USA | | | WIDOWED | | DIVORCED | | d Coun | tv | 445 |
| S S S | E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET | ID. CI | TY OR TOWN OF | DEATH | II, NAME OF HOS | PITAL NU | | | | | USUAL OCCUPA | | | F BUSINESS |
| 万론 | 9 = 8 | | olumbia | | | | -Allvie | | | | FOR MOST OF WORKE | NG LIFE) | OR IND | USTRY |
| 30 | S. RETAIN PAGE SHOULD BE FILED AL RECORDS, 201 V | - | | | | | | | ate(1 | roadwy) | Admini | strat | or Hosp | oital |
| | NE 등 등 | 13a S | TATE | 136 HOME | OR OTHER INSTITUTION, G | | OR TOWN | | I. INSIDE CIT | Y LIMITS? 13e | STREET ADDRES | S | 211 | 112 |
| 21201 F ANY | たらだ 。 | | Md. | HOW | ard | | lumbia | | YES 🗌 | | | ne Dr | 116 | 10 |
| MD. 2120 H-F ANY | | 14. F/ | ATHER'S NAME | | - | | | 15. | MOTHE | R'S MAIDEN N | AME | | | |
| | NA SOL | | FIRST | | MIDDLE | | LAST | 0-2- | FIF | | MOO | DLE | Metzeno | lonf |
| 9 9 9 | \$ ₹8 — | 160 1 | Leo VAS DECEASED | EVER INTE A | | ordo | CIAL SECURITY | 17 | INFORM | rothy | Mae | ADDRESS | Meczeno | 1011 |
| TER TER | SES 14 | 100. V | ES, NO, OR UNKNOW | N) (IF YES, GIV | E WAR OR DATES) | | | | | | | | | |
| BALTIMORE, SS AFTER DEAT | ASI VISI | | No | | | 219 | 381001 | D | ani | el Gor | don | Wa | shigton | DC |
| : 50 | 3 - 0 | | 18 CAUSE OF | DEATH (Enter o | nly one couse per line | for (o), (b) |), and (c).) | | | | -110 | | APPROXI | MATE INTERVAL |
| PRESTON ST | A ALONG ISIT PERMI HYGIENE, MOVAL. | | PARTIDEA | TH WAS CAUS | ED BY: ATE CAUSE (0) Car | diome | egaly | | | | | | BETWEEN | ATTE ATTO DEATT |
| 10 42 | 10 M 10 M | | | MWEDIA | DUE TO. OR | AS A CON | SEQUENCE OF | | | | | | | |
| ES ES | NO H | | Conditions | if any, which | | | | | | | | | | |
| | Z A A B A B A B A B A B A B A B A B A B | 100 | gove rise | to immediat | e (b) | | | | | | | | | |
| . W. | EXAMINER IAL - TRANS ON, OR REA | | lying couse | lating the under | DUE TO, OR | AS A CON | NSEQUENCE OF | | | | | | | |
| RECORDS, 201 10 BE EXECUTE PENDING" IN B | HIEF MEDICAL EXAMINER ALON USED AS A BURIAL - TRANSIT PER OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL | | | | (c) | | | | | | | | | |
| SO HE | A B B B B | | PART 2 OTNER SIGN | IFICANT CONDITION | S CONTRIBUTING TO DEATH | BUT NOT RELA | ATED TO THE TERMIN | AL DISEASE OR | CONDITION | GIVEN IN PART I | 0 | | | + + |
| 0 98 | MEDICAS A CREATTH | Z | | | | | | | | | | | | |
| 2 9 2 | Z Y Y O | Ě | 19a DATE OF C | PERATION | 19b. CONDI | TION FOR | WHICH OPERA | TION WAS | PERFORM | MED? | | | 20 AUTO | PSY? |
| VITAL RESHOULD | A PASE | S. | | | | | | | | | | | | |
| | THE STATE OF | CERTIFICATION | 21a EXTERNAL | CALICEVALAS | 216 TIME O | INTILITY . | | 121. 11011 | | 0.0000000000000000000000000000000000000 | | | YES | X NO |
| A OF | 1 3 A 6 1 | Ü | UNDERLYING | _ | HOUR A.M | | DAY YEAR | ZIC HOW | יאטנאו | OCCURRED (E | NTER NATURE OF INJU | RY IN ITEM 18 PA | RT 1 OR PART 2) | |
| NO DE | 04450 04450 | 3 | CONTRIBUTING | CAUSE OF | | | 19 | | 100 | 1000 | | | | |
| VISIO | SE SE | MEDICAL | 214 INJURY OC | | Zie PLACE | OF INJURY | | 211 LOCAT | | | CITY OR TOW | | COUNTY | STATE |
| D SIHIS O | 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | 2 | WHILE AT WORK | NOT WHILE | O SINCELLIAN | TORI, FARM, E | 10.1 | SIREL | | | CITTORTOW | ~ | COUNTY | SIAIE |
| H. | PA STA | | | | | | | | W. | | 7 [| | - 11-12-11-1 | |
| ATA | (DSH2 | | 22a I certify | that I taak char | rge of the remains de: | scribed obc | ve, held on | Autopsy | X. | Inspection L | , Inquiry (| , ond | in my opinion | |
| MIN | E H D E S | | death resulted | fram: Not | ural causes 1. | Accident | L, Suici | de 🔲. | Homici | de 📗 U | ndetermined man | ner . | | |
| EXAM | AK WED | | | NI. | - 1 h | (11) | 0.0 | | TITLE (SP | PECIFY) | | | | |
| 34 | E SEE | | ACTUAL SIGNATURE | MANA | No Im | e you | vell. | M.D. | Acc | ictant | MEDICAL EXAMI | NED | DATE SIGNED 8-30 | -85 |
| 35 | SE SE | 1 | SIGIVATORE | mony | 90 | | | 100 | | | | IALK | SIGNED-B-JU | -03 |
| MED | 4 2 0 €× | | EXAMINER'S N | AME | Margarita | . A. K | orell.M | .D. | Decc. 1 | 11 Penr | Street | | | |
| O.X | PAGE 4 SHOULD BE FORWARD TO THE WORL TO PAGE 4 SHOULD BE FORWARD TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. | 22. 5 | | | 23b. DATE | | NAME OF CEME | | | | & LOCATION | | | |
| F- L | 1 F F 4 W | /30.B | URIAL, CREMATION | | | | | | | | CITY OF TOWN | 1:0 | AACO. Mo | STATE |
| 07/84 BP |) | | | rial | 9-1-85 | ľ | Cnesetl | ILSY | | | Annapo | | | ١. |
| 25M DI | HMH - 17 | 24. F | UNERAL DIRECTO | OR . | ADDRESS | | | | 2 | Sa. DSERF | BY REGISTRAR | | TRAR'S SIGNATURE | |
| | A15 ME (5)) | | | y Fun | eral Hom | | napoli | s, Mo | d. | | 4 1985 | Juna | www.doon-lijan | desse |

| 1 | | FOR STATE |
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| - 8 | - | SIMIL |

CERTIFICATION

MEDICAL

STATE OF MARYLAND

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| | | | | |

| FOR STATE REGISTRAR | | | DEPARTA | | | | G. NO. | 1 3 | 0 |
|---|--|--|---|--|--|---|---|---|--|
| 1. DECEASED NAME | FIRST | ٨ | AIDDLE | i. | ASI | 20. DATE OF DEAT | Н момін | DAY YEAR | 26 HOUR |
| (TYPE OR PR | JAMES | AN | THONY | HAY | NES IV | August | 16, 19 | 85 | 11- 05 M |
| 3 SEX | 115 | 4. RACE | I BUILDING | | | 6. AGE (IN YEARS LA | ST BIRTHDAY) | IF UNDER TYEAR | |
| Male | | White | | Nove | ember 23,1923 | 61 | YRS. | WONIH? DAYS | HOURS MIN. |
| 70. BIRTHPLACE (STATE OF COUNTRY) Maryland | R FOREIGN | | | MARRIE | | | - | | MD. |
| | EATH | | | IG HOME C | R OTHER INSTITUTION | | | | OF BUSINESS OR |
| USUAL RESIDENCE (IF NO 13a STATE Maryland | 13b COU | VTY | | | 13d. INSIDE CITY LIMITS? YES NO X | 13e STREET ADDR 8519 Hig | ESS / ZIP COI ghridge | Road | 21043 |
| 14 FATHER'S NAME FIRST James | | Anthony | Hayn | es II | 51017 | L, MIDE | | Yoe " | AST |
| 160 WAS DECEASED EVE (YES, NO OR UNKNOWN) Yes | LIF YES, GP | E WAR OR DATES | 166 SOCIAL SECU | IRITY NO. | Mary H. Hay | | | 13 | |
| PART I. DEATH | IMMEDIA | TE CAUSE (0) | (| ARD | id Respire | long as | rest | APPRO BETWEEN | XMATE INTERVAL N ONSET AND DEATH |
| gave rise ta ii cause (a), sta underlying cau | mmediate ting the ise last. | (c)_ | | | Heart of | of Holla | ie. | ons | |
| | 1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRE- 3 SEX Male 70. BIRTHPLACE (STATE OF COUNTRY) Maryland 10. CITY OR TOWN OF D Columbia USUAL RESIDENCE (IF NO. 130. STATE Maryland 14. FATHER'S NAME FIRST James 160. WAS DECEASED EVE (YS. NO OR UNKNOWN) Yes 18. CAUSE OF DEA PART I. DEATH Conditions, if or gove rise to in cause (o), sto underlying counterlying | 1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRESENT OF THE STATE OF | I - STATE REGISTRAR I. DECEASED NAME STATE JAMES AN 3 SEX Male White 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Columbia USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130. STATE Maryland 14. FATHER'S NAME James Anthony 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MOOR UNKNOWN) Yes 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE ID) Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. COLUMBIA 17. DEATH WAS CAUSED BY. DUE TO, OI (c) (c) | The Columbia USUAL RESIDENCE (IF NURSING HOWARD HOWARD HOSPITAL, NURSING HOWARD HOWAR | The Certification of the Columbia and County General State Maryland Howard State Maryland Howard State Maryland Howard Fillicott City Maryland Howard State Maryland Howard Fillicott City Maryland Howard Fillicott City State Maryland Fillicott Fillicott City State Maryland Fillicott Fill | T. DECEASED NAME (TYPE OR PRE ** ** ** ** ** ** ** ** ** ** ** ** ** | CERTIFICATE OF DEATH REPORT REGISTRAR CERTIFICATE OF DEATH REPORT REGISTRAR REGISTRAR | T. DECEASED NAME PRIST MIDDLE LAST PROBLEM PREST ANTHONY HAYNES IV August 16, 19 3 SEX JAMES ANTHONY HAYNES IV August 16, 19 3 SEX HARCE White NOONIN DAY 23, 1923 61 YES 76. BIRTHPLACE (STATE OR POREION OLIVER) PROBLEM | T. DECEASED NAME FIRST MIDDLE LAST JAMES ANTHONY HAYNES IV August 16, 1985 3. SEX JARCE White White November 23, 1923 61 FOR COUNTRY ON THE MACHINE OF WHAT COUNTRY? Male November 23, 1923 61 FOR VEARS LAST BRITHDAY DAY TEAR MONTH NOVEMBER 123, 1923 61 FOR VEARS LAST BRITHDAY DAY TEAR MONTH NOVEMBER 123, 1923 61 FOR VEARS LAST BRITHDAY DAY TEAR MONTHS DAY AND THE MONTH OF DEATH HOWARD COUNTRY OF DEATH HOWARD C |

70a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

ONDITION GIVEN IN PART TIO

216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211. LOCATION COUNTY CITY OR TOWN

and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated

220 I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an day of the body after death. 27b. SIGNATURE

DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED Columbia,

8/19/85

Howard County General Hospital

Md.

23e. BURIAL, CREMATION, REMOVAL Burial

190 DATE OF OPERATION

NAME OF CEMETERY OR CREMATORY Good Shepherd Cemetery

23d LOCATION Ellicott City

Maryland

STATE

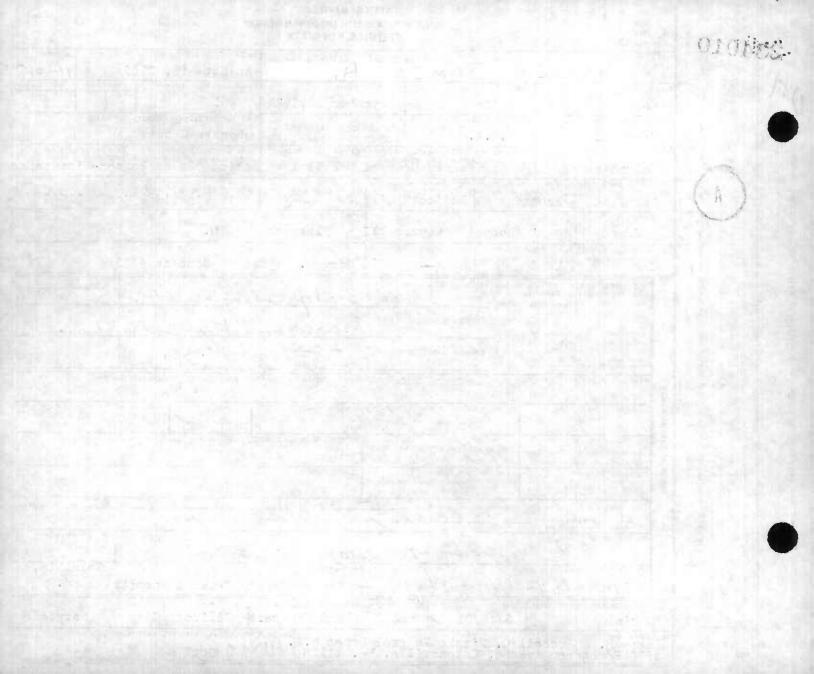
DHMH - 16 50M 4/83 (VRA 15, 4)

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MPCRTANT.

Leroy: M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE FOR - STATE 238002 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) 08-JOHN 11 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX YEAR 01 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED HOWARD DIVORCED 126. KIND OF BUSINESS OR INDUSTRY ABORER 21046 13d. INSIDE CITY LIMITS? NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MATTHEWS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SAME#13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: COLON CAN METASTATIC IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MONTH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE STREET CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED DEGREE 226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS HICKORY BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

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Call Transfer and Transfer and

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT

DHMH - 16 50M 4/83 (VRA 15, 4)

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Lakeview

DHMH - 16 50M 4/83 (VRA 15, 4)

Harry H Witzke 4112 Columbia Rdellicott City

Burial

24 FUNERAL DIRECTOR

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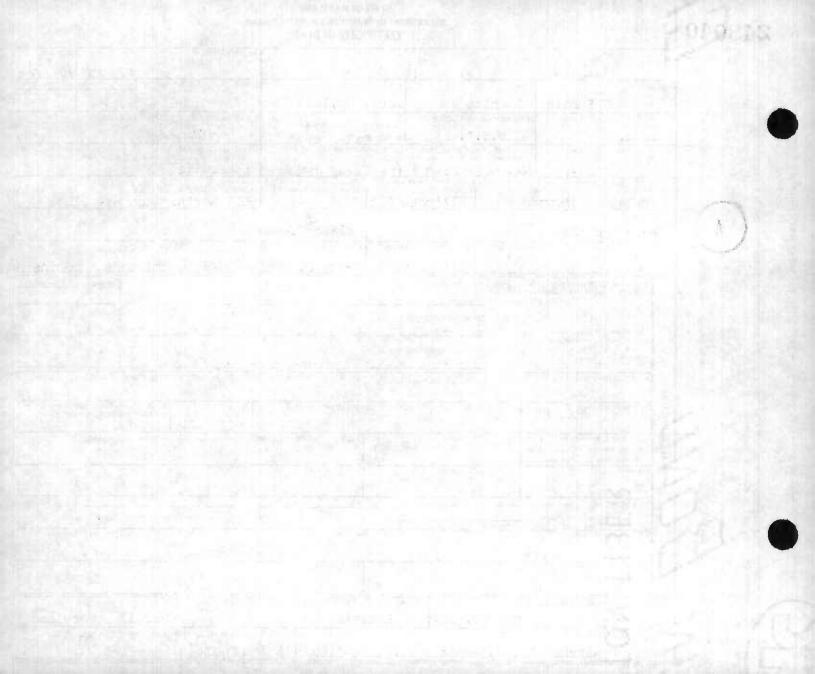
aug 30, 1985

CITY OF TOWN

250. DATE REGID BY REGISTRAR 256 REGISTRAR'S SIG

Maryland

Carroll



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

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250. DATE REC'D. BY RECISTRAR 256. REGISTBAR'S SIGNATURE

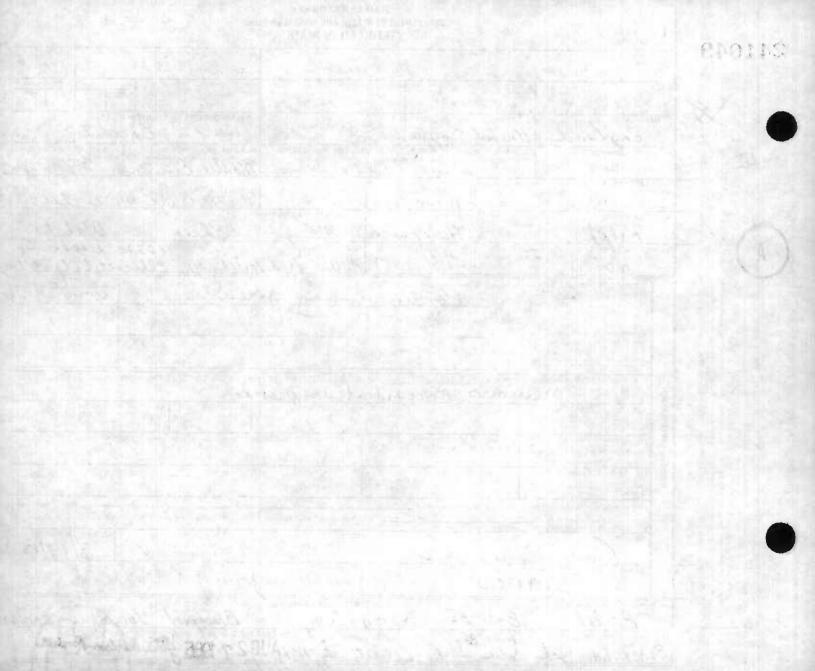
- STATE CERTIFICATE OF DEATH REGISTRAR 2b. HOUR 20. DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE TYPE OR PRINTI 2/2 rudolo IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED 12b. KIND 8 10. CITY OR WOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY lec true USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36 COUNTY 13e.STREET ADDRESS / ZIP CODE toward YES TH 6/obe Dave 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IYES. NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line fayed), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES | 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from___ _____, that (I) (we) lost and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an_ above, (1) (we) (did) (did nat) view the bady after death. DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e /ADDRESS SIANCO 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

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| 218034 | | 1- | FOR STATE REGISTRAR | DEP | | EALTH AND MENTAL H | REG. NO. | | | | | |
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| 1 | | 1. DEC | EASED NAME FIRST | MIDDLE | L | AST | 20 DATE OF DEATH MONTH | DAY YEAR 26. HOUR | | | | |
| - 0 mg | | (TYPE | OR PRINT) | T. | VP (| EBER | Q. | 2 85 / AM | | | | |
| oy be | - | 3. SEX | MARGARE | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | | |
| A oct | 10 | J. SEA | | | MONTH | DAY YEAR | and the second second | MONTHS! DAYS HOURS MIN. | | | | |
| age - sec | 1 | | FEMALE | WHITE | 2 | 17 1908 | | YRS. | | | | |
| P P O | 1/1 | | THPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUN | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR CO | | | | | |
| To the last | 0/ | G) | ERMANY | USA | WIDOWE | | HOWARD CO | | | | | |
| 24 9 | 117 | 10 CI | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126. KIND OF BUSINESS OR INDUSTRY | | | | |
| 5 11 1 | 10 | TOT I | TOOTT CTTY | 2605 TUR | | ROAD | SALES | CLOTHING | | | | |
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| BALLIMOKE, MARYLAND 21 20 core be executed unfain 24 hours core beginning the fours pers. Poop 1 that hours be fill the medical | 2) | 13a S | MARYTAND HOW | | | 134 INSIDE CITY LIMITS? | TURF VAL | LEY RD. 21043 | | | | |
| 1/11/1 | 21 | 14 FA | THER'S NAME FIRST | MIDDLE LAS | ST | 15. MOTHER'S MAIDEN N | AME | LAST | | | | |
| A CA | 11/ | | JOSEPH | FAN | ULLA | UNK. | | | | | | |
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| be we | / | { 4, | ES, NO OR UNKNOWN) (IF YES, GE | APPROXIMATE INTERVAL | | | | | | | | |
| BA cotts toppe people ret. th | | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI | _ | - 1 1 1 | | | | | | | |
| SI III | | | IMMEDIA | TE CAUSE (o) | courses | day aver | 0 | Immediate | | | | |
| h correction | | | | DUE TO, OR AS A CON | SEQUENCE OF | 7 | | /. | | | | |
| deoth offend ove co otion, o | | 64 | Conditions, if any, which | (b) Feel | moracy | meladan, | | 6 740 | | | | |
| the the error | | | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CON | SEQUENCE OF? | | | 11- | | | | |
| by by oth | | 30 | underlying cause last. | (10) Bru | est Co | nues | | TYRS | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certificate physician. After this certificate has been signed by the attending of as the burial-transit permit. Then please remove cortions in and Memolal Hygiene prior to burial, cremation, or remained them Memolal Hygiene prior to burial, cremation, or remained. | | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTIN | G TO DEATH BUT | NOT RELATED TO THE TE | RMINAL DISEASE OR CONDITIO | N GIVEN IN PART 110 | | | | |
| been si mit. The prior to | | CERTIFICATION | 19g DATE OF OPERATION | 196 CONDITION FOR W | | IF YES, WERE FINDINGS USED | | | | | | |
| L REC | 1 | LIFIC | | E MEST SA | | | YES NO | CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \) | | | | |
| OF VITAL CIAN: The physicion prificote h ol-tronsit p ol-tronsit p ol-tronsit p | | JER. | 21a. ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCU | JRRED (ENTER NATURE OF INJURY IN IT | EM 18 PART I OR PART 2) | | | | |
| SICIAN: TI ng physicic certificate urial-transitional Hygis | 9 | | OR CONTRIBUTING CAUSE OF DE | AIH | H DAY YEAR | | | | | | | |
| HYSICIAN ding ph ding ph burial-tr Mental I | | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 19 | 716 LOCATION | | | | | | |
| PH tend the b | | ME | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, C | OFFICE, FARM, ETC.) | STREET | CITY OR TOWN | COUNTY STATE | | | | |
| ING r offer ost tho | | | AT WORK AT WORK | | | 1/20 10 8 | 2 8/2 | 85 | | | | |
| N S S S S S S S S S S S S S S S S S S S | | | 22a 1 certify that (1) (this hasp | | | 17 | , 10 | nd hour and from the couses stated | | | | |
| ATTE Sput CTO | 4 | -13 | | at) view the body after death. | | | an death accurred on the date of | | | | | |
| OR DIRE | <u> </u> | 8 | 226 SIGNATURE | 1.1.1.0.00 | 2 | DEGREE ATTENDING | MEDICAL STAFF | 224 DATE SIGNED | | | | |
| IITAL by t ERAL ERAL State | | | 22d. PHYSICIAN'S NAME LITYPE | OR ADDINITY | | PHYSICIAN 122e ADDRESS | DIRECTOR PHYSICIAN | 1 1 9/7/83 | | | | |
| HOSPI sined b | 3/ | | PACE VIOLENIES | 1/ | | | Arra Dalta Ma | 21220 | | | | |
| TO HOSPITAL Letoined by the TO FUNERAL I Should be deto with the State I MADORTAN: If | 1 | | | TERFIELD, M.D. | | | Ave. Balto. Md. | 21229 | | | | |
| F 2 M N Z | | | URIAL, CREMATION, REMOVA | | 230 NAME OF | EMETERY OR CREMATOR | CITY OR TOWN | COUNTY STATE | | | | |
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| DHMH - 16 50M 4/8 | 33 | 24 FL | NERAL DIRECTOR | 400 | PRESS BOX 2 | 68 250 D | ATE REC'D. BY REGISTRAR 255 R | EGISTRAR'SISIGNATURE CALL | | | | |
| (VRA 15, 4) | | S | LACK FUNERAL H | | LICOTT C | TTY. MD 2104 | JUG 2 1985 Ju | | | | | |

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| | 13 | FOR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 7 1 4 4 |
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| 224036 | 1 ' | STATE REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. | NO NO |
| 140 3000 | | CEASED NAME FIRST | MIODIE LAST ZO. DATE KNOWN | |
| 10 | (TY | PEORPRINT) Patr. | CIA H. KRUEGER DEATH MATED | |
| LEASE CTOR. FILES. OURS TREET, | 2.05 | | | W |
| = 2 E 0 E | 3. SE | n n | S. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS (F UNDER 1 YR. IF UNDER 24 HRS. 24. DATE LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED | Ze. HOUR |
| LA REAL | | r (auc | 1 6 23 62 YRS. DEAD | 8-5 1,85 200 M |
| A TEST | 70. B | IRTHPLACE (STATE OR | 76 CITIZEN OF WHAT COUNTRY? | Y OR COUNTY OF DEATH |
| 2. 英文の意 | FI | DREIGN COUNTRY) | MARRIED NEVER MARRIED | I Court |
| | 10.0 | TOVA | USA WIDOWED DIVORCED HOUSE | (CU41)19 MD. |
| 5 H R H P | 10. C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER (NSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY |
| 107.48 | 1 | COLUMBIA | 6194 SATANWOOD DR. HOMEMAKER | DOMESTIC |
| O E Z O Q | USU | AL RESIDENCE (IF IN NURSING HOME | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | DUMISLIC |
| AND AND RETA | 130. 3 | TATE 13b COUN | The state of the s | |
| 21201 IF AND SHOUL RECC | - | | VARD COLUMBIA YEST NO 6194 SATANWOO | OD DR. 21044 |
| O T. NAI | 14.1 | ATHER'S NAME FIRST | MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE | LAST |
| | 1 | HARRY | HANSON LORETTA | JOHNSTON |
| MORE, TER DE FORM SS 1 AN | 160. | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRE | |
| TIME TANK | (| | WAR OR DATES) 114-22-5016 MARJORTE H. NA VIDT OF E | SS PLAINVIEW, N.Y. |
| BALTIMORE, DURS AFTER DE B. GNE PAGES I AN DAMESION OF | = | NO | | BRIARWOOD LANE |
| 18. 18. C | | PART I DEATH WAS CAUSE | ly one couse per line for (o), (b), and (c).) | APPEORMATE INTERVAL |
| ESTON ST., I HIN 24 HOU IN ITEM 18. R. ALONG V ISIT PERMIT. HYGIENE, D | -8 | | TECAUSE (0) MERGINE TAILUICE | THE RESIDENCE ASSESSED. |
| PRESTON VITHIN 24 CIL IN TEA CIL IN TEA ANSIT PER MOVAL. | | | DUE TO, OR AS A CONSEQUENCE OF | |
| THIN IL IN NEIT HAY | | Canditians, if any, which | Cirrhosis | |
| W. PREST D WITHIN FENCIL IN AMINER -TRANSITE ENTAL HYST REMOVAL | | gave rise to immediate couse (a) stating the under- | (6) | |
| DI W. P UTED W V PENC EXAMIN IAL-TRA MENTA OR REM | | lying couse last. | DUE TO, OR AS A CONSEQUENCE OF | |
| E 2= 3 5 5 | 1 | | (c) | |
| EXECUNG" IN WICAL E A BURIL TON, O | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | |
| DIVISION OF VITAL RECORDS, 3 CERTIFICATE SHOULD BE EXECTION OF THE WORD "PENDING" PROPED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BUI E DEPARTMENT OF HEATH AND PRIOR TO BIRIAL, CREMATION PRIOR TO BIRIAL, CREMATION | CERTIFICATION | | | |
| PEN | H.E. | 19a DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
| ITAL R SHOUL CHIEF E. USEE | 문 | | | |
| NO F VITA FICATE SHO THE WORD O THE CHI GOULD BE US GOUND BE US GOUND BE US TO BURRAL TO BURRAL | 4 2 | 21g. EXTERNAL CAUSE WAS | | YES NO |
| OF V | | UNDERLYING OR | 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR | 18 PART 1 OR PART 2) |
| NO SEL CONTROL | 1 3 | CONTRIBUTING CAUSE OF | | |
| DIVISION OF VI CERTIFICATE SI STING THE WO ROED TO THE E 3 SHOULD BE E DEPARMENT PRIOR TO BURIL | MEDICAL | 21d, (NJURY OCCURRED | 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION | |
| DIVIS HIS CER WRITING ARDED GE 3 S VIE DEP | 3 | WHILE NOT WHILE | STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN | COUNTY STATE |
| 1 3 4 4 5 | | AT WORK AT WORK | | |
| ∞ ⊢ ○ ~: | | 22a. I certify that I took charg | e of the remains described above, held an Autopsy , Inspection , Inquiry | and in my opinion |
| EXAMINE CERTIFICA JUB B FG DIRECTOR WITH THE ARYLAND, | | death resulted from: Natur | rol couses . Accident . Suicide . Homicide . Undetermined manner | |
| AAM RTIF SEC ITH | | 7/ | | |
| PULL CE | 1 | ACTUAL & Mi how | TITLE (SPEC(FY) | DATE 5-5-81 |
| A SHE SAL | 1 | SIGNATURE | M.D. TELLIN MEDICAL EXAMINER | SIGNED 0 |
| N N N N N N N N N N N N N N N N N N N | 1 | EXAMINER'S NAME | 2011 x 0 011.400 1 | 1171112 |
| Man | | (TYPE OR PRINT) | man of Juney Mandress Ulicat City, 19 | 0,21097 |
| TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH | 23a.B | URIAL, CREMATION, REMOVAL | 3b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CRY OR TOWN | COUNTY |
| BP | | CREMATION. | 6_AUG. 85 WESTYTEW MEM. PK. CATONSVILLE | BALTO. MD. |
| | 24 F | UNERAL DIRECTOR | | GISTARES SIGNATURE - NOW AND A |
| DHMH - 17 (VR A15 ME (5)) | | NAME | AOORESS BOX 268 | A Color Kind Color |
| 15M 7/77 | 1 3 | SIACK FUNERAL H | | U |

THE LEW IN COME SHOW SHIP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 248094 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH 26 HOUR TYPE OR PRINTE OF ESTI-Rayford Lopp 19 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10,49 AND 3 TO THE FUNERAL DIRECTOR SETAIN PAGE 5 FOR YOUR HOURD E White 12-14-1946 38 YRS 19 85 Male DEAD Th CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. TENN. WIDOWED DIVORCED Howard County, 10 CITY OR TOWN OF DEATH II, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Unemployed Columbia Howard County General Hospital USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1136 COUNTY 13c. CITY OR TOWN New Hampshire Grafton Apt. 2 Lebanon 4 Fairbanks Ct. 03766 NO K YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Benjamin Lopp Annie Unknown 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS BURIAL - TRANSIT PERMIT, PAGES I AND MENTAL HYGIENE, DIVISION (413-74-2956 Elizabeth Lopp - Same as Sec. 13 Unknown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E DEPARTMENT OF HE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES (X) 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE WHILE AT WORK COUNTY TO MEDICAL EXAMINER: TO RECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: P.
AFFER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains discribed above, held an Autopsy Natural come XX Suicide Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 21201 EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Sept. 3, 85 Westview Crematory Catonsville Baltimore MD. Cremation Berry AL MREC & Russell C. Witzke Funeral Homes P.A. 1350. DATE REC'D. BY REGISTRAR **DHMH - 17** 5555 Twin Knolls Rd., Columbia, MD. 21045 in Davidson-Randelle (VR A15 ME (5))

26 HOUR

21045

Widmann

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

22c DATE SIGNED

STATE

MPORTANT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation COUNTY Westview Crematory Catonsville Md. Leroy M. & Russell C. Witzke Funeral Homes 5555 Twin Knolls Road, Columbia, Md. 21045 DHMH - 16 60M 7/84 (VRA 15, 4)

M.D.

DEGREE

22e ADDRESS

ATTENDING

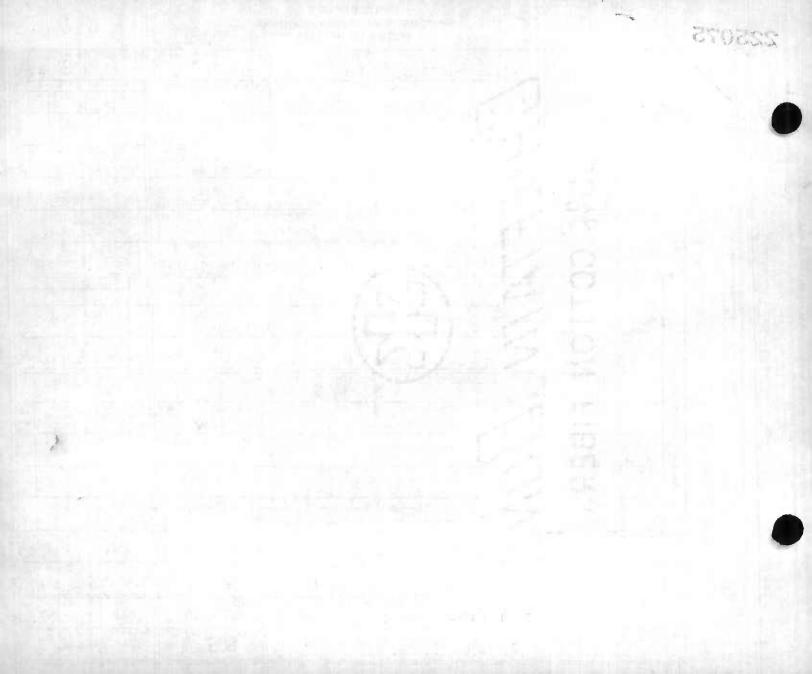
MEDICAL PHYSICIAN PHYSICIAN

226 SIGNATURE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Janet Ciarkowski

DIVISION OF VITAL RECORDS



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

| 1 | | REGISTRAR | | CEKITI | ICATE OF DEATH | REG. NO | 5. | | 24-2-1-1 | | |
|---|---------------|--|---|--|---|---|--|-----------|--------------|--|--|
| | | CEASED NAME JOSEPH | MIDDLE | MA | YNOR | A UGUST | 1985 | 11 A M | | | |
| | 3. SEX | MALE | White | S. DATE C | DAY YEAR | 6 AGE (IN YEARS LAST BIR | IF UNDER 24 HRS. HOURS MIN. | | | | |
| | C | RTHPLACE (STATE OR FOREIGN 7 OUNTRY) Carolina | U.S.A. | MARRIEI WIDOWE | DIM NEVER MARRIED DIVORCED DIVORCED | BALTIMORE CITY O | DEATH | MD. | | | |
| 1 | | CUMBIA | (IF NOT IN SUCH FACILITY, | | BRAL HOSPITAL | 17a USUAL OCCUPATI 11YPE OF WORK FOR MOSTO Retired He | F WORKING LIFE) | NDUSTRY | al | | |
| 5 | 130 S | m) Howard | TY 13c CITY | ridge | 13d. INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS / 5870 Monto | ZIP CODE | oad | 21227 | | |
| 1 | | thur Maynor | IDDIE | LAST | 15. MOTHER'S MAIDEN NA/ FIRST Penny 17. INFORMANT | nknown | | LAS | ī | | |
| 1 | | AS DECEASED EVER IN U.S. ARM | ntgomer | y Rđ | 21227 | | | | | | |
| | N | 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF CARDIOGENIC SHOCK BUT TO, OR AS A CONSEQUENCE OF CARDIOGENIC SHOCK DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF CARDIOGENIC SHOCK DUE TO, OR AS A CONSEQUENCE OF LOST ACUTE Anterior My occardial inforction PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | | | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FO | DR WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIFYING CAUSES OF DEATH | | | | |
| 1 | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED AT WORK NOTHY WHILE AT WORK 220.1 certify that (I) this hospit | P.M. 21e. PLACE OF INJUE (AT HOME STREET, FACTO | NTH DAY YEAR 19 RY ORY, OFFICE FARM ETC.) | 211 LOCATION STREET | | E OF INJURY IN ITEM 18 PART I OR PART 2) ITY OR TOWN COUNTY STATE | | | | |
| _ | | sow the deceased alive an above (1) live (1) live (1) did not 22d PHYSICIAN'S NAME (1) PEOR | AUGUST 70 view the body after dec | 5 19 85, or oth. | nd that in my (our) opinion of | MEDICAL STA | FF CIAN [] | 22c. DATE | SIGNED ZO-85 | | |
| | | WILLIAM PA URIAL, CREMATION, REMOVAL UTT'al | RNES | 23¢ NAME OF C | EMETERY OR CREMATORY COwridge | 23d LOCATION CITY OR TOWN | | | aryláWd | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT. If Hen should be detached

Harry H Witzke 4112 Columbia RdEllicott City

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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| Ca | 0 | 3 | | - |
| | | | | - 1 |

| | 1- | FOR STATE REGISTRAR | | 3 1 | 0 0 | | | | | | | | |
|---|---------------|--|---|---------------------------------------|------------------|----------------------------------|---|--|--|-------------------------------------|--|--|--|
| | | CHARLES | 4. RACE | E. M | COP 5. DATE C | MICK OF BIRTH | 20. DATE OF DEATH MONTH DAY YEAR 20. HC | | | | | | |
| d | | m | White | | MONTH | 8 13 | 72 | YRS | ITHS DAYS | HOURS MIN. | | | |
| 2 | C | ouVirginia | U.S.A | | WIDOWE | -CEA- | HOWARD M | | | | | | |
| 1 | Co | olumbia | Howard | County G | enera. | l Hospital | Retired ru | F WORKING LIFE | INDUSTRY | rier | | | |
| 2 | 13a Ş V1 | AL RESIDENCE HE NURSING HOME OF TATE, rginia | | 130. CITY OR TOWN Alta Vis | 4 | 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS / 1106 5 th | | 99 | 1999 | | | |
| 1 | / c | ther's NAME Charles W McCor | | ŁAST | | Virginia | Witt | | LAST | ī | | | |
| 2 | {Y | VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN] (IF YES, GI NO | MED FORCES? VE WAR OR OATES) | 227 10 C | | Mrs Kay Baile | ADDRE 2y 9757 Hi | | | llicott | | | |
| | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA | nly one couse per ED BY: TE CAUSE (o) | RENAL | | 'euc. | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| | | Conditions, if ony, which | DUE TO, OF | SEPO | | | | | Da | Day 5 | | | |
| | | gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OF | RAS A CONSEQUE | NCE OF | TIC COLON | Carcino | solo 2 | Mo | ruths | | | |
| | NO | PART 2 OTHER SIGNIFICANT | 50 | Cla Zus | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONI | DITION GIVEN | IN PART 110 | > | | | |
| 1 | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b IF YES, W IN CERTIFYIN YES [| | | | | |
| 1 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | nin i | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART | (OR PART 2) | | | | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE (| OF INJURY EET, FACTORY, OFFICE, FA | RM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | | | |
| | | 220. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no | 8-1 | 0 19 8 | 3-1.01 | nd that in (my) (our) opinion of | , 10 | ote and hour or | | that (I) (we) lost couses stated | | | |
| | | 22b. SIGNATURE | 18 | 102 | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAR | | 22c. DATE : | SIGNED | | | |
| , | | VERRY I. | | e, mo | | 10802 H. | ckon Ry | defel | (dle | who Mo | | | |
| Ī | 23a B | URIAL, CREMATION, REMOVAL | | | IAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | U | | | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Harry H Witzke 4112 Columbia Rd Ellicott City

Burial

Green Hill

Aug. 13,1985

Alta Vista

Virginia 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 1 3 1985

STATE

Vegler & A. P. Start & Malphy Colombia I The delich Home To with all the way THE STATE OF THE S The state of the s Commence of the AND THE RESERVE AND THE PARTY OF THE PARTY O and the second control of the second control

| | | FOR | | | DEPARTMENT OF HEALT | H AND MENTAL | HYGIENE 2 3 | 1 / 1 | | | | | | |
|--|-----------------------|----------------------------|------------------------------------|--|---|----------------------------|---------------------------------------|---------------------|-----------------|--|--|--|--|--|
| 233048 | | STATE REGISTRAR | | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | | | | | | | | | |
| | | EASED NAME | FIRST | | WIDDIE | LAST | 20. DATE KNOWN | MONTH DAY Y | EAR 26 HOUR | | | | | |
| # 2 5 5 E | (TYP | OR PRINT) | HARRY | Y E | ILIS MO | DRRIS, JR. | OF ESTI- | 音8-17 198 | 35 | | | | | |
| PLEASE ECTOR. PILES. HOURS STREET, | 3. SEX | | RACE | 5. DATE OF BIRTH | | NDER 1 YR. IF UNDER | R 24 HRS. 2c. DATE | MONTH DAY | YEAR 24 HOUR | | | | | |
| N Z Z R R R R R R R R R R R R R R R R R | MA | LE | WHITE | MONTH DAY | YEAR (AST BIDTHDAY) MON | THS DAYS HOURS | MIN PRONOUNCED & | -17 | 85 845 | | | | | |
| A A A A A A A A A A A A A A A A A A A | 7a. BI | RTHPLACE (ST. | TE OR | 76. CITIZEN OF WH | IAT COUNTRYS | 17) | 9. BALTIMORE CITY | OR COUNTY OF DEAT | | | | | | |
| NECESSARY, UNERAL DIR WITHIN 72 CORESTON | FO | reign country) Virgini | 2 | U.S. | | RIED 🖺 NEVER MARI | _ / / 4 | アク | | | | | | |
| NECESSARY, PLEASE FUNERAL DIRECTOR. 5. FOR YOUR FILES. D. WITHIN 72 HOURS M. SEESSON STREET. | 10. CI | TY OR TOWN O | | | PITAL, NURSING HOME, OR OT | | 120. USUAL OCCUPATION (T) | | OF BUSINESS | | | | | |
| C PERMIS | 211 | icott (| 1 + 1 7 | | Chatham Rd. Apt | - LI | Machine Mech. | OR IND | USTRY | | | | | |
| A SAN | | | | | /E RESIDENCE BEFORE ADMISSION) | -•Π | macrime Mecri. | 21043 | | | | | | |
| ANN AND PETA POUR | 13e. S | TATE | 136 COUN | 11Y _ | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 13345 N. Chatha | | | | | | | |
| C TANTA | Name of Street | THER'S NAME | Howa | aru | Ellicott City | YES NO S | | alli Ru. Apt. | п | | | | | |
| 1-100/ | 14.77 | FIRST | | MIDDLE | LAST C. | FIRST | MIDDLE | LAST | | | | | | |
| A 55 35 | Ma M | Harry | EVER IN U.S. AR | E. | Morris, Sr. | Lena 17. INFORMANT | ADDRES | Crew | /S | | | | | |
| BALTIMORE, CHE PAGES GNE PAGES TH FORM P PAGES I AN | | ES, NO, OR UNKNOW | | WAR OR DATES) | | | | Apt. H | 01043 | | | | | |
| A SEES | | NO | | | 214-01-5114 | Minnie I | Morris 3345 N. | | | | | | | |
| BE - 24 - 71-5 | | PART I DE | DEATH (Enter or TH WAS CAUSE | nly one couse per line | | | | BETWEEN | ONSET AND DEATH | | | | | |
| PRESTON ST THIN 24 COLD IN JUNEAN THE A CONG. A CON | 13 | | | TE CAUSE (a) | 19PITION | | | | 00.00 | | | | | |
| NATION OF THE PERSON | 9 | Candidan | , if any, which | A A | AS A CONSEQUENCE OF | n 10.10 . 11 | | 40 | | | | | | |
| PROPERTY PRO | - 3 | gave ris | ta immediate | (b) // | | er them | a, prosta | 12 | | | | | | |
| AMMY AMMY AMMY AMMY AMMY AMMY AMMY AMMY | | lying cous | tating the <u>under</u> e lost. | DUE TO, OR | AS A CONSEQUENCE OF | | | 1 2 4 5 | | | | | | |
| S. 201 CUTED CUTED FINAL MENAL FION | - 0 | | | (c) | | | | | | | | | | |
| RECORDS, to BE EXEC PENDING PENDING PAS INTH MEALTH AN | 1 | PART 2 OTHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO DEATH I | BUT NOT RELATED TO THE TERMINAL DISEA | SE OR CONDITION GIVEN IN P | ART 1 (a), | | | | | | | |
| L RECOR | è | | | Transaction of the same of the | | | | 20. AUTO | | | | | | |
| HOULD HOULD NE WEE WEE WEEL WEEL WEEL WEEL WEEL WEE | MEDICAL CERTIFICATION | 19a. DATE OF | DPERATION | 196. CONDIT | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | |
| > 000 853 | E | AL EVIEDALA | CATICCIANC | 20. 70.5 05 | YES NO | | | | | | | | | |
| DIVISION OF VIT IS CERTIFICATE SH WRITING THE WOR REDED TO THE CI GES SHOULD WITE THE CIPERAZMENT OF TO PROPER TO BUS | Ü | 21a. EXTERNA UNDERLYING | | | 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR | | | | | | | | | |
| S F C S S S | ICA | CONTRIBUTION | G CAUSE OF | | | | | | | | | | | |
| DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART | 9 | 216 INJURY O | | | OF INJURY (AT HOME, 211. LO | STREET | CITY OR TOWN | COUNTY | STATE | | | | | |
| DIN E. WRII E. WRII E. WARD F. PAGE. STATE (), 21201 | | AT WORK | AT WORK | | | | | | | | | | | |
| | | 22a. I certif | that I taok chor | ge of the remains desc | cribed above, held on Auto | psy , Inspecti | on X, Inquiry X, c | and in my opinion | | | | | | |
| EXAMINER: CERTIFICATE CERTIFICATE CONTROL CONT | | death resulte | d fram: Natu | oral causes 🔀 | Accident , Suicide | , Hamicide . | Undetermined manner | | | | | | | |
| EXAM CERT DID B DIRE WARY | | 14. | 7/ | 0 | 71/ | TITLE (SPECIFY) | | C | 1005 | | | | | |
| MOLE EXA SHOULD SHOULD SEATH, WILL ORE, MAR | / | ACTUAL SIGNATURE _ | JUSY. | non Oc | Nortal , | M.D. STY MUTO | MEDICAL EXAMINER | DATE SIGNED | 17-8) | | | | | |
| NEW STATE | | EV ALLE IEDIC A | 77 | F | 14-01 1 . 0 | 511 | . 401 1 | 11 21-10 | | | | | | |
| TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNEMAL AFTER DEATH, BALKIMORE, M. | | EXAMINER'S I | | ng 9 [./ | lerhert, MI) | ADDRESS | OFT THE | 10 2104 | 5 | | | | | |
| 5×45×4 | | JRIAL, CREMAT | ION, REMOVAL | 236 DATE | 23c. NAME OF CEMETERY | OR CREMATORY | 23d LOCATION | COUNTY | STATE | | | | | |
| BP | | Buri | al | 8/20/85 | Meadowridge | Mem. Pk. | Elkridge "H | | /land | | | | | |
| DHMH - 17 | 24 F | JNERAL DIRECT | OR | ADDRESS | 212 | 29 25a. A1 | REGID OF REGISTRAR 256 REC | GISLRARIA SIGNATURE | 400 | | | | | |
| (VR A15 ME (5)) | Hu | | uneral 1 | | 4107 Wilkens | 110 | 1 0 1000 | | | | | | | |
| 20M 4/82 | | | | | | | | | | | | | | |

3760343 Table A Super Committee of the Administration of the Administratio Many State of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLY GIENE CERTIFICATE OF DEATH

REG. NO

| N | | OR PRINT) | RICH | 420 | C. | P | ALME | R | August | 15 | 1985 | 730 | | |
|---|---------------|--|---------------|------------------------------------|--|--|----------------|------------------------------|--|--------------|-------------------------------------|---------------------------|--------------|--|
| 2 | | | 9 | 4. RACE Tb. CITIZEN OF | White WHAT COUNTRY? | 5. DATE C MONTH i 2 8 MARRIE WIDOWE | 29 DE NEVER | year 03 MARRIED | 9. BALTIMORE CITY OR COUNTY OF DEATH HOW ARD ONLY BUNDER 1 YEAR OF UNDER MONTHS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH HOW ARD COUNTY OF DEATH | | | | | |
| 1 | 0 | OLUMBIA | ATH | | HOSPITAL, NURSIN CHEACILITY, GIVE STREET | G HOME C | OR OTHER INS | HESPITAL | 120 USUAL OCCUPATION OF WORK FOR MOST OF | | | F BUSINE | | |
| 6 | 13a S | MRYLAND | 136. COUN | OTHER INSTITUTION NTY CU ARD | 13c. CITY OR TOW | N | 13d INSIDE C | NO 🗌 | 5665 Harp | 150 | DE -arm Ra | (100 | 14 | |
| 0 | | FATHER'S NAME FIRST William Palmer LAST MIDDLE LAST FIRST Elizabeth | | | | | | | | | | ī | | |
| / | | VAS DECEASED EVER ES, NO OR UNKNOWN) NO | | MED FORCES? | 218-20- | | Mrs Je | | Palmer 566 | | | | | |
| | | 18 CAUSE OF DEAT PART I. DEATH W | VAS CAUSE | D BY TE CAUSE (0) | | ebr | 1 infe | vet | | | - | day | VAL DEATH | |
| | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (b) HYPOTHISTUR CONFLUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | | | | | | | | |
| 1 | CERTIFICATION | PART 2. OTHER SIGN | MIC | ronzi | ONTRIBUTING TO DE | -C | 84.39 | The State | 200 AUTOPSY? | 20b. IF YI | ES, WERE FINDING CAUSES | NGS USED | H? | |
| 1 | MEDICAL CER | 21a. ACCIDENT WAS UN OR CONTRIBUTING [] LIFEITHER NOTIFY MED 21d. INJURY OCCUR | CAUSE OF DEA | HOUR A | OF INJURY M. MONTH DA M. OF INJURY TREET, FACTORY, OFFICE, F | 19 | 211 LOCATI | ÓN | ED {ENTER NATURE OF INJU | | (OUNTY | SI | TATE | |
| | N | 22a certify that (1) saw the decease above (1) (wa) |) (this hospi | tol) Attended t | he deceased from_ | PI | nd that in (my | , 19 80 (tour) opinion o | to Account the de | ote and ha | | that (I) (% causes sta | | |
| | | 226. SIGNATURE | un | Say | 2 | | DEGREE | | MEDICAL STA | FF CIAN [| 22c. DATE 8-1 | SIGNED | | |
| | | URIAL, CREMATION, | . REMOVAL | E. Tey 236. DATE | lar my | AME OF C | 2 Kn | CREMATORY | 23d LOCATION CITY OR TOWN | lumb | (COUNTY | 21045 | TATE | |
| | 24 FU | Cremation UNERAL DIRECTOR NAME RRY H Witz | | | 16, 1985 imbia RdEl | | | FREE | rk Catonst | 25h REGIS | Balto. STRAR'S SIGNAL Davidan | URE | land | |

DHMH - 16 50M 4/83 (VRA 15, 4)

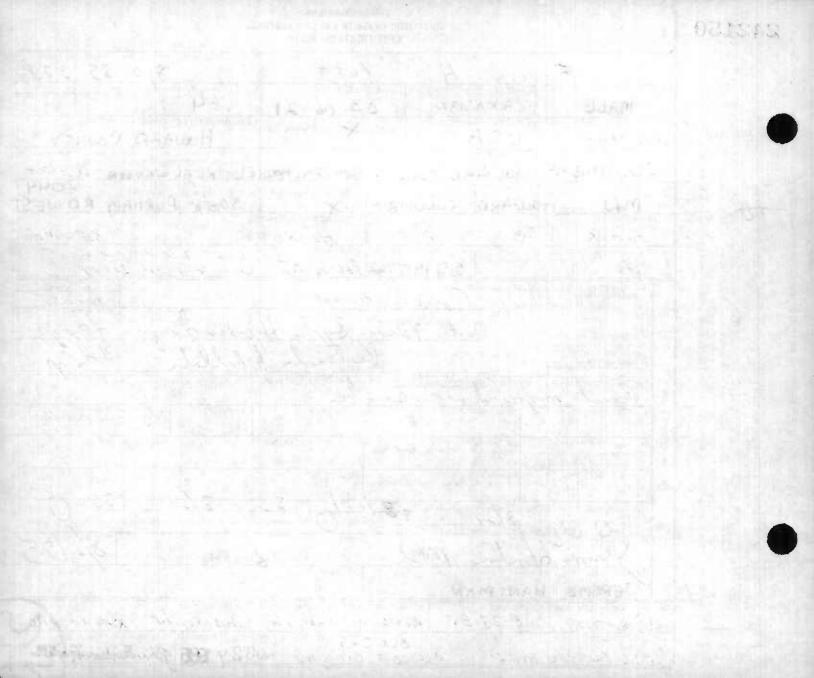
| 232 | 2004 | 11- | FOR STATE REGISTRAR | | | | | | MENT | TATE OF OF HEAL INER'S | TH A | ND ME | NEAL | | , | 2 3 | G. NO. | 1 | ding. | |
|----------------------------|--|-----------------------|--|--------|---------------------------------------|-------------|---|---|----------------------------|------------------------------|-----------------|---------------------|------------|----------|---------------------|---------------------|-------------|-----------------|--------------------------------|----------------|
| | ESS: FT. | 1. DE | CEASED NAM E OR PRINT) | F / | Roy | | 05 | MIDDLE | | / | 1er | 501 | n | | O | E KNOV | VN K | 8-11 | DAY YEAR | 2b. HOUI |
| 0 | NECSSARY, PLEASE UNGERT DIRECTOR. S TOE YOUR FILES. WITHIN 72 HOURS NEESTON STREET, | 3. SEX | M | CA | ul_ | MONTH 11 | . 28 | -09 | 6. AGE (LAST BII 75 | | UNDER | DAYS | HOURS | MIN. | PRONC DE | ATE DUNCED AD | 8- | 11 | 1985 | 2d. HOU |
| • | S FOR MAIN | FC 1 | RTHPLACE (S REIGH COUNTRY) Jew Yor | k | | 76. CITI | U.S | | | WID | OWED | | ER MARE | | 9 BAU | DW | TIN OR | County | OF DEATH | M |
| | PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE | E | TY OR TOWN | Ci | ty | (IF NO | 1309 | Colle | street addr | renue | THER I | NSTITUT | ION | FOR | | WORKING LI | N (TYPE OF | WORK 12 | OR TINDUS OR TINDUS Drug | USINESS TRY |
| 21201 | SETAN S | | AL RESIDENCE TATE Md. | | 13b. COUN HOW | ITY | STITUTION, G | 13c. CIT | YORTOW | | | INSIOE CIT | TY LIMITS? | | REET AD | | ge A | ve. | | 21043 |
| RE, MD. | KATH WAS AND 25 SAME AND 25 SA | | ATHER'S NAMI FIRST DSCar | | | MIDDLE | | | | | | | | | Carls | tast | | | | |
| ALTIMORE | S ATER E GIVE PAC WITH FORM PAGES 1 DIVISION C | 160. V (Y | VAS DECEASE ES. NO, OR UNKNO Yes | D EVER | IN U.S. AR/ (IF YES, GIVE 1920- | WAR OR DA | CES? | | 1-10- | | | Mrs | | cy F. | Pet | | n – | Same | as #1 | 3 |
| RDS, 201 W. PRESTONST | EXECUTED WITHING THO NG" IN PENCI CAL EXAMINE CAL EXAMINE TABRIAL TRANSIT PEN AND MENTAL HYGIEL MATION, OR REMOVAL | | 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | | | | | | | | | | | | | | | | |
| ITAL RECO | SHOULD BE EXECUTED ORD "FENDING". IN PROCEED EXAMINED TO THE TO SED AS A BURILL TO FE HEALTH AND MEI TO FEMATION. OF | IFICATION | 190. DATE OF OPERATION 196. COND | | | | | OITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | | 20 AUTOPSY? | | |
| DIVISION OF VITAL RECORDS, | THE WE TO THE MOULD BE ONLY OF TO BE | MEDICAL CERTIFICATION | 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY | NG O | OR CAUSE OF I | DEATH | 1b. TIME O HOUR A.M P.A Te PLACE | M. MONTH | H DAY) | EAR | LOCAT | | OCCURR | ED (ENTE | R NATURE O | F INJURY IN | ITEM 18 PAR | T I OR PART | | |
| DIVI | AAG AAG | WE | WHILE AT WORK | TON C | WHILE [| | STREET, FAC | CTORY, FARM, | ETC.) | | STREET topsy | | Inspecto | . N | CITY OF | RTOWN | and | n my opini | LIH | STATE |
| • | TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: 9. AKTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | | death result | | | rol causes | AUP | Accident | | Suicide | | Hamici TITLE (SF | ide . | Unde | etermined | | | DATE SIGNED. | 8-11- | 81 |
| | TO MED EXECUTION PAGE 4 TO FUN AFTER D BATTIME | 23o.B | EXAMINER'S (TYPE OR PRI URIAL, CREMA SPECIFY) | NT) | Mem EMOVAL 2 | | | 230. | NAME OF | CEMETER | ADD Y OR CR | RESS_C | ORY . | 23d. L | OCATIO Y OR TOWN | Prog. | Mer | COUNTY | 043 | TATE |
| | BP DHMH - 17 (VR A15 ME (5)) | | Remov | CTOR | y Boar | | 1/85 | | Ralto | , Md | | 12 | 250. DATE | | | TPAR 175h | REGISTI | RAR'S SIG | | 246 |
| | 20M 4/82 | | Alla | COM | , Dod. | | | 1 | .4100 | , 110 | • | | 1100 | 7.50 | | -0 | | | 1 | |

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I Michigan Or wash days . I The

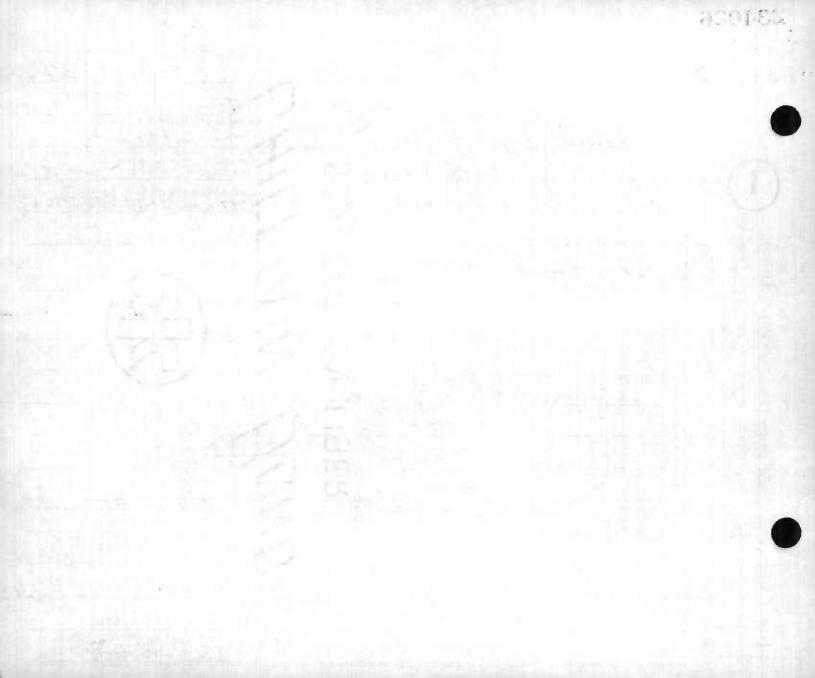
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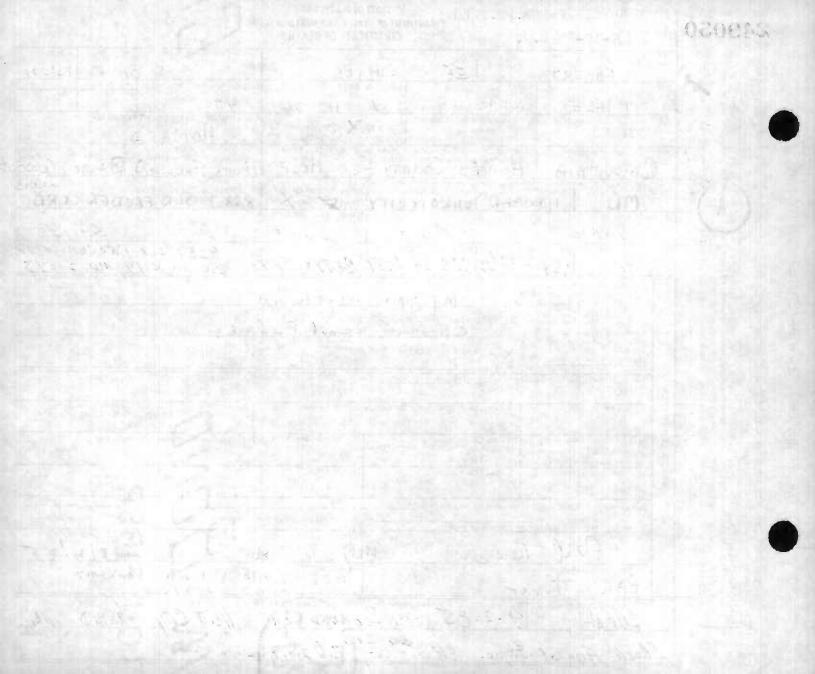


Wm C March F/H Inc. 1101 E North Avenue

DHMH - 16 50M 4/83

(VRA 15, 4)





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

ATTENDING PHYSICIAN: The

STATE OF MARYLAND

| | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL HÖGIEN ALL OF LEATH CERTIFICATE OF DEATH REG. NO. | | | | | | 1 | 7 | | | |
|---|--|--|---|--------------------|--------------|-------------------------|---------------|---------------|--------------------------|--------------------------|---------------------|-------------|---------------|
| 1 | I DECEASED NAME | FIRST | h | MIDDLE LAST | | 20. DATE O | F DEATH MON | NTH DAY | YEAR | 2b. HOUR | | | |
| | | gene | Pe | erry | Sip | es | | Aug | gust 27. | 1985 | | | М |
| q | 3 SEX | 4. R. | ACE | | 5. DATE C | | | 6. AGE IN | EARS LAST BIRTHDA | (Y) IF L | INDER I YEAR | IF UNDER 24 | |
| - | Male | | White | 9 | WSMIH | 13" | 52" | 83 | 3 | YRS. | IIHS DAYS | HOURS | MIN. |
| 1 | To BIRTHPLACE (STATE OR FO | OREIGN 7b C | CITIZEN OF WHAT COUNTRY? | | 8 MARRIEI | NEVER MARK | RIED 🗆 | 9 BALTIMO | RE CITY OR C | OUNTY OF | DEATH | 255 | |
| | Maryland | | USA | | WIDOWE | | | Ho | ward | | | | MD. |
| Ŋ | 10 CITY OR TOWN OF DEAT | TH 11. | | OSPITAL, NURSIN | | R OTHER INSTITUT | ION | | OCCUPATION | | 12b. KIND O | F BUSINES | SOR |
| | Elkridge | | 5911 | Old Washington Rd. | | | | Foreman | | Mont. | Ward | ls | |
| | USUAL RESIDENCE (IF NURSIN | NG HOME OR OTHE | ER INSTITUTION | | ADMISSION) | 13d. INSIDE CITY L | IAAITCO I | | | | | | |
| 1 | Maryland | Howar | d | Elkridg | | | IWII 2 s | | Old Was | | ton Rd | . 21 | 1227 |
| | 14. FATHER'S NAME | MIDD | LE. | LAST | | 15 MOTHER'S MA | IDEN NAM | ME | WIDDLE | | LAS | 7 | |
| / | Samuel | Sipes | | | | | Mazie | 5 | tot ler | never | tas | | |
| | 160 WAS DECEASED EVER IT | U.S. ARMED | | 166 SOCIAL SECUI | RITY NO. | 17 INFORMANT | 1 | | ADDRESS | | | | _ |
| | No | (IF TES, GIVE WA | K OK DATES | 219 14 6 | 070 | Allan | Sipe | s, so | on | same | as 1 | 32-6 | 4 |
| H | 18 CAUSE OF DEATH | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) | | | | | | | | APPROXI | MATE INTERVA | Δ1 | |
| | | PART I. DE ATH WAS CAUSED BY: CARCINOMA OF LUNG | | | | | | | | 41 | HONT | 745 | |
| | 7281 | 7287 DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| | | Conditions, if ony, which (b) CARDIO PULMONARY ARREST | | | | | | | | | | | |
| | gove rise to imme couse (a), stating | the 3 | DUE TO, OF | AS A CONSEQUE | | | | | | | | | |
| | underlying couse | lost | (c) | | | | | 3.0 | | | | | |
| | PART 2 OTHER SIGN | | _ | | | | | | | | IN PART 118 | 3 | |
| | SEN1 | LE DI | EMEN | TIA | , 50 | FT TIS. | SUE | INJU. | RY OF | RT. | CHES | TWI | 44 |
| 1 | SEN 14 190 DATE OF OPERATI | ON | 19b. CONDI | TION FOR WHICH | OPERATION | N WAS PERFORME | D | YES [| NO X | IN IF YES, WINCERTIFY IN | VERE FINDING CAUSES | OF DEATH | 1? |
| | OR CONTRACTOR CO | USE OF DEATH | 21b. TIME OF HOUR A.A | M. MONTH DA | YEAR 19 | 21c. HOW INJURY | OCCURR N/A | RED (ENTER N. | ATURE OF INJURY IN | ITEM 18 PART | ORPART 2) | | |
| 1 | (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE WHILE NOT WHILE AT WORK | D | 21e PLACE C | | ARM, ETC) | 211. LOCATION STREET | / | NIA | CITY OR TOWN | | COUNTY | STA | ATE |
| 7 | 22a.1 certify that (1) (saw the deceased above, (1) (we) (di | this hospital) | ottended the | deceased from | 4 | d that in (my) (our) | opinion d | death occurre | 8/2 ed on the date of | 7 19. | 85 and from the c | | e) lost ed |

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: (SPECIFY) BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

236 DATE 230 BURIAL, CREMATION, REMOVAL 8/30/85 Burial

226. SIGNATURE

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OR TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

STATE

Fairview Cemetery Artemas F Penna.

Leasure-Stein Funeral Home, Inc. AUG 29
230 Baltimore Ave. Cumberland, Maryland

W 3 4.86.

HER SE TENE SE STORY SE SESTE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

| 15 | 1 | - 1 | (3) | -7 |
|----|---|-----|-----|----|
| la | 3 | 5 | 0 | 6 |
| | | | | |

| | | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO |). | | | | |
|----|--|--|---|----------------|-------------------------------|------------------------------|-------------------|--------------|--------------------|--|--|
| | | EASED NAME FIRST | MIDDLE | L. | AST | | MONTH DAY | YEAR | 26. HOUR | | |
| | | RTHA TCE | 30 | SM | ith | | 8-3 | -85 | 11:34 | | |
| 8 | 3. SEX | | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | | JNDER 1 YEAR | IF UNDER 24 HRS | | |
| | - | Female | White | MONTH | - 23 - 97 | 88 | YRS MON | | HOURS MIN. | | |
| 36 | | RTHPLACE (STATE OR FOREIGN OUNTRY) | 16. CITIZEN OF WHAT COUNTRY | ? 8 MARRIEI | NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF | DEATH | | | |
| 0 | | ruland | USA | WIDOWE | | Howa | rd | 100 | MD. | | |
| 7 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | | ROTHER INSTITUTION | 17a USUAL OCCUPATE | | 126. KIND O | F BUSINESS OR | | |
| | The State of the S | lumbia | Howard | Co | unty | Registered | | | ate duty | | |
| 6 | USUA 13a S | | ROTHER INSTITUTION GIVE RESIDENCE BEFORM 13c. CITY OR TO | | 13d INSIDE CITY LIMITS? | 136 STREET ADDRESS | ZIP CODE | Rd | 2075 | | |
| 6 | 14 FA | THER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NA | | | tAS | | | |
| 5/ | R | enjamin F. | Murphy | | I da FIRST | E. MIDDLE | Soude | | | | |
| 1 | 16a W | AS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL SEC | CURITY NO. | 17 INFORMANT | ADDRE | SS | s a mari | oon Md | | |
| | | ES, NO OR UNKNOWN) (# YES, GIV | VE WAR OR DATES) 579-42 | -1697 | Lillian Mil | stead 10614 | Huntin | g Lan | ece, ma | | |
| | | 18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE | nly ane couse per line for (a), (b), o | andici.) | | | | BETWEEN | ONSET AND DEATH | | |
| | | | TE CAUSE (0) CATALO | ic A | TESI | | | 2 AC | 5.34 hun | | |
| | | | DUE TO, OR ASIA CONSEQU | UENCE OF | 0 | | | 21- | · of | | |
| ď. | | Conditions, if ony, which gave rise to immediate | (16) HS 43 | 5 TO 1. | L | | | of ME | . Ol Men | | |
| 81 | | cause (0), stating the underlying cause last | | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | VINAL DISEASE OR CON | DITION GIVEN | IN PART III | a | | |
| | NO | Emphysema | | | | | | | | | |
| | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20s AUTOPSY? | 20b. IF YES, W | | | | |
| 1 | TIFE | | | | | YES NO X | YES [| | NO 🗌 | | |
| 13 | | 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | LICIUS A MA MONITIM | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | Y IN ITEM 18 PART | I OR PART 2} | | | |
| 7 | CAL | (IF EITHER NOTIFY MEDICAL EXAMINER | | 19 | | | | 746 | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE | FARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | | |
| | _ | AT WORK AT WORK | | 4 | | A | | | | | |
| | 100 | | ntal) attended the deceased from | SIL | | to Augus | 1 0 19 | | that (1) (we) last | | |
| | | | at) view the bady after death. | | id that in (my) (aur) apinion | death accurred on the do | te and hour or | | | | |
| | | 276. SIGNATURE | 1 King | mi | ATTENDING | MEDICAL STAF | | 27C DAYE | 3/85 | | |
| 1 | | 27d. PHYSICIAN'S NAME (TYPE C | OB FRINT) | | PHYSICIAN L | DIRECTOR PHYSIC | IAN | 10/3 | 7 00 | | |
| | | LINDA J | . REVER | MD. | | | | | | | |
| | | URIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN | | Cubity | STATE | | |
| | B | iirial | August 6,198 | ss Emn | nanuel Cemeter | Scagasvi | ele. Mo | OUNTY | SIAIR | | |

DHMH - 16 50M 4/83 (VRA 15, 4) 74 FUNERAL DIRECTOR
Donaldson Funeral Home, Laures, Md

254 1945 REGID BY REGISTRAR 235 REGISTRAR'S SIGNATURE Julia Davidson Pondare

| | 228922 |
|--|--------|
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| The second state of the se | |

246069

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

| | | REGISTRAR | | | | | | | REG. NO |). | | |
|---|---------------|--|-----------------|--------------------------------|--|-------------------|-------------------------------|-------------------------|----------------|------------------|-----------------------------|---------------------------|
| 1 | | EASED NAME | FIRST | N | VIDDLE | L | AST | 20. DATE OF | DEATH | MONTH D | AY YEAR | 26 HOUR |
| 6 | | OR PRINT) | Eve | | | 50 | mers | 8-2 | 6- | 85 | # 101050 1 mm | 1231 M |
| | 3. SEX | Frema | | 4. RACE White | 2.00 | Augus | st 30, 1896 | 6. AGE (IN YEA | 9134 | YRS. | IF UNDER 1 YEAR | # UNDER Z4 HRS HOURS MIN. |
| 1 | | STHPLACE (STATEORF | OREIGN | U.S.A. | WHAT COUNTRY? | MARRIEI WIDOWE | NEVER MARRIED | 9 BALTIMOR | HO | E COUNTY War | OF DEATH | MD. |
| 1 | 10 CT | 20/umb10 | | | HOSPITAL, NURSING | ODRESS) | General | 120 USUAL O | FOR MOST OF | WORKING LIFE | | OF BUSINESS OR |
| 6 | 130 S Ma | ryland | 13b COUN HOW | ITY | GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN Columbia | OMISSION) | 136 INSIDE CITY LIMITS? | 136 STREET AL 6334 C | | | 21 | 994 |
| Ø | | ther's Name George Papa | azíso | glos | LAST | | 15. MOTHER'S MAIDEN NA Helen | ME | WIDDLE | Unkr | nown | 51 |
| 1 | | AS DECEASED EVER | | MED FORCES? E WAR OR DATES) | 166 SOCIAL SECUR 218 32 58 | | John Sommer | s 1104 | 2 Be | | ck La. | Columbi |
| | | PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Cardine Mylint DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stafing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | NOIL | | | 1635 | | | NOT RELATED TO THE TERA | | | | 4 | |
| 1 | CERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDI | TION FOR WHICH C | OPERATIO! | N WAS PERFORMED | YES [| NO 🗌 | | , WERE FINDI YING CAUSES | |
| 1 | 1 7 7 1 | 210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI | AUSE OF DEA | 1111 | M. MONTH DAY | YEAR | 216 HOW INJURY OCCUR | RED (ENTERNALL | JRE OF INJUR | Y IN ITEM 18 PA | ART (OR PART ?) | |
| | MEDICAL | 21d INJURY OCCURE | ONE [| 21e PLACE ((AT HOME STR | OF INJURY EET, FACTORY OFFICE, FAR | RM ETC) | 214 LOCATION STREET | | CITY OR TO | WN / | COUNTY | STATE |
| | | 220 I certify tho (1) sow the decease obove (1) I we) | | | 71 | 5, on | d that in (my) (our) opinion | death occurred | on the do | #/24 te and hour | ond from the | tho (we) lost |
| 1 | | 1276 SIGNATURE | _ | m | C | 2 | DEGREE ATTENDING PHYSICIAN L | MEDICAL DIRECTOR | STAF PHYSIC | F IAN [] | 8/A | 16/85 |
| | 1 | 220 PHYSICIAN'S NA | AME (TYPE O | R PRINT) | / | 17.14 | 22e ADDRESS | | 15 | H FIRM | - | |

231 NAME OF CEMETERY OR CREMATORY
Greek Orthodox

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

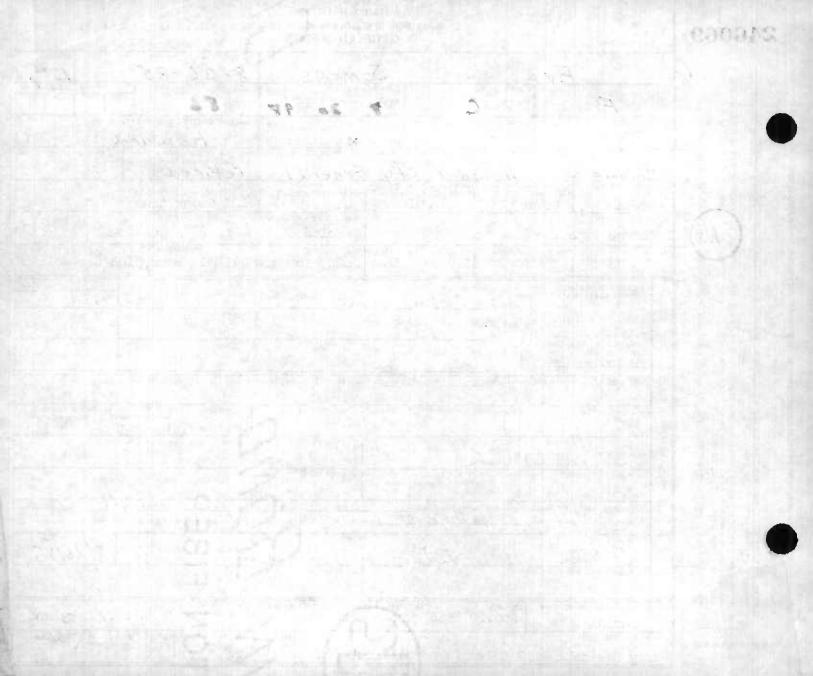
Harry H Witzke 4112 Columbia Rd Ellicott City

Aug. 28, 1985

23d. LOCATION CITY OR TOWN

Balto Maryland

250. DATE RECO. BY REGISTRAR 250 REGISTRAR'S SIGNATURE AND DELLAR STATE OF THE STAT



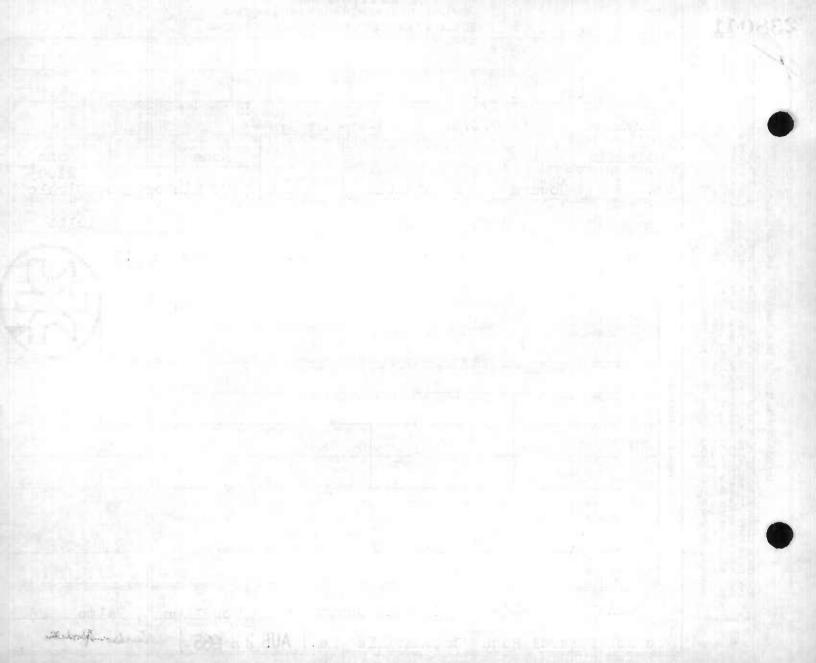
| | 1 | FOR | | | DEPARTMENT OF HEALT | H AND MENTAL H | IYGIENE 2 3 | 1 3 2 |
|--|---------------|--------------------|-------------------------------|------------------------------------|--------------------------------------|------------------------------|--|------------------------------|
| 238042 | 1. | STATE REGISTRAR | | MEI | DICAL EXAMINER'S | CERTIFICATE O | F DEATH REG NO |). |
| / 1 | | CEASED NAME | FIRST | | Hamid | LAST | 20 DATE KNOWN X | X MONTH DAY YEAR 26. HOUR |
| May SE X | (14) | PE OR PRINT) | Rama | dan | 2 2 | Tolba | OF ESTI- | |
| PLEASE ECTOR. FILES. HOURS | 3 SE | (4 | RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS IF L | JNDER 1 YR. IF UNDER | | MONTH DAY YEAR 2d HOU |
| N S H S | IV | ale I | White | 11 2 | 1938 46 yrs. | NTHS DAYS HOURS | MIN PRONOUNCED DEAD | 8-20 19 85 2:25 p. A |
| - ARA S | 7a. B | IRTHPLACE (STA | | 76. CITIZEN OF WH | IAT COUNTRYS | 570 | 9. BALTIMORE CITY O | OR COUNTY OF DEATH |
| NECESSARY, UNERAL DIR S FOR YOUR WITHIN 72 | FC | Egypt | | U.S. | | RRIED NEVER MARR | | - untv |
| AY IS NECESSARY, PLEASE THE FUNERAL DIRECTOR. AGE 5 FOR YOUR FILES. FILED. WITHIN 72 HOURS | 10. C | ITY OR TOWN O | F DEATH | | PITAL, NURSING HOME, OR O | | 120 USUAL OCCUPATION (TYPE | OF WORK 126 KIND OF BUSINESS |
| ELAY IS TO THE F V PAGE BE FILED | C | olumbia | a | | CILITY, GIVE STREET ADDRESS) | D | Chemist | U.S. Govt. |
| OELA N P P | USU | AL RESIDENCE (1 | | E OR OTHER INSTITUTION, GE | Broken Landing | g Parkway | | 21015 |
| 2120 2120 AND RETA RETA | 13a. S | Md. | 13b. COU | ward | Columbia | 13d INSIDE CITY LIMITS? | 7379 Hickory | LIU45 |
| 2 7 A X X X | | ATHER'S NAME | 110 | walu | TOOLUMBIA | 15. MOTHER'S MAIDI | | Tog circie |
| # # # # # # # # # # # # # # # # # # # | V | FIRST | | MIDDLE | LAST | FIRST | WIDDLE | LAST |
| 8 8 38 9 | 14- 3 | Abdde: | | Hamid | Tolba 166 SOCIAL SECURITY NO. | Zakia | a ADDRESS | ElSayad |
| FORMS / | | ES, NO, OR UNKNOW | | VE WAR OR DATES) | | | | |
| 1 ×8 = 35 | - | No | | | | I Magat To | olba Same as | #13 |
| 1 8 0 5 W | 1 | PART I DEA | DEATH (Enter o TH WAS CAUS | only one cause per line SED BY: | | | | BETWEEN ONSET AND DEATH |
| YALESSON YALES | ľ | 812 | IMMEDI | ATE CAUSE (a) | Multiple Inju | ries | | |
| THIN CIL IN WES AL WES AL HYCH REMO | 1 | Conditions | if any, which | | AS A CONSEQUENCE OF | | | |
| E A A SA A A A A A A A A A A A A A A A A | | gove rise | to immedia | te (b) | AC A CONSTOURNESS OF | | | |
| A CANANA | 1 | lying cause | | DUE TO, OK | AS A CONSEQUENCE OF | | | |
| S DE TOUR | | BART 2 OTHER CIC | ICIZANT ZONOTION | (c) | BUT NOT RELATED TO THE TERMINAL DISE | ., | | |
| PHA BOOK | z | PART Z UTNEK SIGI | IFICANT CONDITION | NS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMINAL DISE | ASE OR CONDITION GIVEN IN PA | RT 1 10 | |
| - SASANAMA | CERTIFICATION | 19a. DATE OF C | PERATION | 18h CONDU | ION FOR WHICH OPERATION | WAS DEDECIDATED? | | 20 AUTOPSY? |
| TAL R HOUSED OF HE RIAL | 15 | THE DATE OF | , EKANON | 170 CONDI | NOW OR WINCIPOTERATION | WAS FERI ORMED: | | |
| NO WENT | 1 6 | 210 EXTERNAL | CAUSEWAS | 21h TIME OF | INTERPO | HOW INTERPRETATION | D LENTER NATURE OF INJURY IN ITEM 18 I | YES X NO |
| SHEDRO A | 100 | HINDERLYING | X OP | HOUNCE | MONTH DAY YEAR | | | |
| SION OF RTIFICATI VG THE V SHOULD PARTME PROTECTION | MEDICAL | CONTRIBUTIN | | F DEATH 12:50 | M 8-20 19 85 d | river in au | to impacted by | a truck |
| OL P |) H | WHILE AT WORK | | NY STREET, FACT | ORY, FARM, ETC.) | STREET | CITY OR TOWN | COUNTY STATE |
| PAG PAG | | AT WORK | AT WORK | r | | | ken Landing Par | kway, Howard Co., |
| NA SA | | 220 I certify | that I took cho | rge of the remains des | crited above, held on Auto | opsyXX, Inspectio | n , Inquiry . on | Maryland Maryland |
| WE WE THE | 4 | death resulted | fom: Nat | tural causes | Accident XX Suicide | , Hamicide , | Undetermined monner . | |
| A SHEET SA | 1 | ACTUAL / | Onn. | 1/14/ | LA no | TITLE (SPECIFY) | | |
| ZEEZEW T | | SIGNATURE | All | wale | nex19100 | MD Assistan | MEDICAL EXAMINER | DATE SIGNED 8-21-85 |
| EDIC JAE J MOR | 1 | EXAMINER'S N | AME Do | nnia E Cm | wath M D | 111 | Penn St., Balto | ., Md. 21201 |
| TO MEDICAL EXAMINES: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR AFTER DEATH WITH THE SHOULD BE | | TYPE OR PRIN |) | ennis F. Sm | - | ADDRESS. | | ., Ma. 21201 |
| EUSE49 | 23a.B | URIAL, CREMATI | | | 23¢ NAME OF CEMETERY | | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| 07/84 BP | 24.5 | Buria | | 8-21-85 | Islamic C | emetery | Woodlawn | Balto Md. |
| DHMH - 17 | | UNERAL DIRECT | | ADDRESS | | | REC'D. BY REGISTRAR 256 REGI | |
| (VR A15 ME (5)) | IVI | acNabb | runer | al Home | Catonsville | Md. AU | 6 2 2 1985 Line | Davidson Andales |

STATE OF MARYLAND

THE REPORT OF THE PROPERTY OF

| 238 | 041 | 1- | FOR STATE REGISTRAR | | | | ERTIFICATE C | | j Ö : | 0 | |
|---|--|---------------|---|---------------------------|--|-------------|-------------------------------------|---|----------------------------|-----------------|--------------------|
| V | *ass= V | | CEASED NAME FIRST E OR PRINT) Schen | if | MIDDLE | ጥረ | olba | 20. DATE KNOWN X OF ESTI- DEATH MATED [| | YEAR 21 | b. HOU |
| 1 | NECTO NECTO NUR FILE N STREE | 3. SE> | | S. DATE OF BIRTH | YEAR 6. AGE (IN LAST BIRTH | YEARS IF UN | DER 1 YR. IF UNDER | | MONTH DAY | Y YEAR 2 | 2d. HOU 2:25 |
| • | SERVICE AND A SE | Te BI | RTHPLACE (STATE OR REIGN COUNTRY) Maryland | 76 CITIZEN OF WH | AT COUNTRY? | _ | ED NEVER MARR | | OR COUNTY OF | | • |
| | PAGE S. | 10 CI | TY OR TOWN OF DEATH Columbia | 11. NAME OF HOSE | PITAL, NURSING HOP CILITY, GIVE STREET ADDRESS Broken L | AE, OR OTH | ER INSTITUTION | 12a. USUAL OCCUPATION (TY) FOR MOST OF WORKING LIFE) None | PE OF WORK 12b K | OR INDUSTRY | |
| 21201 | AND 3 PERAN I | | IL RESIDENCE (IF IN NURSING HOME TATE 136 COUT HOV | OR OTHER INSTITUTION, GIV | | SIONI | | 7379 Hichor | ry Log | 2104 | 2 |
| DRE, MD. | C MAN 3 | 1 | ATHER'S NAME Ramadan | Abddel | Tolb | | 13. MOTHER'S MAIDE FIRST Maga | a t | | olba | |
| BALTIM | PAGES PAGES | 16a V | No | E WAR OR DATES) | None None | IIY NO. | | olba Same as | #13 | | |
| TON ST | MEM IS TONG TO CHENG | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA | ED BY: TE CAUSE (a) | | | | | BE | APPROXIMATE INT | TERVAL ND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON | XECUTED WITHIN VG." IN PENCIL IN SAMINER A BURIAL - TRANSIL AND MENTAL HYANGILON, OR REMO | | Canditians, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last. | (b) | AS A CONSEQUENCE | | | | | | |
| RECORDS | AS A CREV | TION | PART 2 OTHER SIGNIFICANT CONDITIONS | | UT NOT RELATED TO THE TE | | | RT 1 (a). | | | |
| VITAL | WORD "PROUID WORD "PROUID WORD "PROUID WITH WEEL WEEL WEEL WEEL WEEL WEEL WEEL WEE | CERTIFICATION | 21a EXTERNAL CAUSE WAS | 21b. TIME OF | | | | D ENTER NATURE OF INJURY IN ITEM 18 | | AUTOPSY? | мо∑у |
| SION OF | SHAN | MEDICAL CE | UNDERLYING XXOR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED | DEATH 12:50F | MONTH DAY YEAR STEEL STE | 85 pas | | auto impacted | | | |
| VIO | WARE PAGE | ME | WHILE NOT WHILE X | CX ro | ory, FARM, ETC.) | Rt. | | ken Landing Par | county kway, Hot Maj | | |
| | TO MEDICAL EXAMINER: PAGE LE CRITICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARRIAND | 2 | 220 I certify that I taak char death resulted 176m: Natu | 5 | | Autap | , Hamicide . | Undetermined manner | nd in my apinian | | |
| | MEDICAL EXT TOTE THE CER E 4 SHOULD UNERAL DIR R DEATH, WI R DEATH, WI | 2 | SIGNATURE SULLE | ieb /X/m | up to pr | 40 " | | MEDICAL EXAMINER | 3101112 | 8-21-85 | |
| ٩, | TO ME EXECU- PAGE A TO FU | 23a.B | IRIAL CREMATION REMOVAL | | 23c. NAME OF C | | ADDRESS. | Penn St., Balto | o., Md. | 21201 STATE | |
| 07/B4 25M | BP | | Burial JNERAL DIRECTOR | 8-21-85 | Islami | c Cer | 250. DATE | Woodlawn REC'D. BY REGISTRAR 23b REG | Balt BISTRAR'S SIGNA | O M | |
| | (VR A15 ME (5)) | Ma | acNabb Funera | al Home | Catonsvi | lle | Md. AUG | 22 1985 June | Davidson-1 | pondelle | |

STATE OF MARYLAND



(VRA 15, 4)

226122

FOR - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

Male

Maryland

Columbia

Maryland

4 FATHER'S NAME

(YES, NO OR UNKNOWN)

To. BIRTHPLACE (STATE OR FOREIGN

ID CITY OR TOWN OF DEATH

Thomas A. Waesche

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

October 7 1911

MARRIED _ NEVER MARRIED _

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Edna Tillson

17 IN MASANDORIS Lessner

DIVORCED [

5. DATE OF BIRTH

WIDOWEDEX

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Howard County General Hospital

13c. CITY OR TOWN
Ellicott City

166 SOCIAL SECURITY NO.

LAST

Mr. Tillson Albert Waesche

76. CITIZEN OF WHAT COUNTRY?

United States

Caucasian

4. RACE

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 13.6 COLINTY 13.C. CITY OR TOWN

Howard

MIDDLE

(IF YES GIVE WAR OR DATES)

| Street, | 0 | |
|---------|-----|--|
| REG. | NO. | |

August 8 1985

9 BALTIMORE CITY OR COUNTY OF DEATH

20. DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

Howard County

3405 Walnut Drive

MIDDLE

ADDRESS

Distributor

| 2 | 3 | ě | 8 |
|---|---|---|---|
| | | | |

IF UNDER I YEAR

INDUSTRY

IF UNDER 24 HRS

126. KIND OF BUSINESS OR

LAST

Royal CrownCola

21043

21043

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| AL X | The I | e has |
| > | AN: | fron- tron |
| 2 | YSIC | Cert |
| DIVISION OF VITAL RECORDS. 201 W. PRESION ST., BALLIMORE, MARTLAND 21201 | PH S | the bond |
| 5 | NO NO | Afte os |
| | TTEN | for of H |
| | A NC | ched Cept. |
| | TAL (| RAL I |
| | OSPI ed b | Id be |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed and 2 years after death. For retained by the hospital or attending physician. | TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and complete the distribution by the lunes of should be detached for use as the buriol-transit permit. Then please remove carbon papers from the control of Health and Mental Hygiene prior to buriol, cremotion, or immand. |
| | - | |

| BP | Burial | 8-10- | | | Woo |
|-----------------------------------|-------------------------------------|-------|---|---|-----|
| OHMH - 16 50M 4/83 (VRA 15, 4) | 24 FUNERAL DIRECTOR 8728 Liberty | | | | |
| , | | | , | 9 | |

| 12-03-2548 | 3405 Wa | lnut Drive | E | llicott | City | Maryland |
|--|------------------------|------------------------|----------------|-------------|-----------------|--|
| (a) (b), and (c).) | | | | | APPRI BETWEE | DXIMATE INTERVAL N ONSET AND DEATH |
| RUMONIG | | | | | - | |
| CONSEQUENCE OF | | | | | | |
| CONSEQUENCE OF | | | | No. | | |
| LIBSON & G | NOT RELATED TO | THE TERMINAL DISEASE | OR CON | DITION GIVE | N IN PART | lia |
| OR WHICH OPERATION | N WAS PERFORME | D 200 AUTOF | SY? | | | INGS USED ES OF DEATH? |
| | | YES | NO | YES | | NO 🗌 |
| DNTH DAY YEAR 19 IRY DRY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | OCCURRED (ENTER NATU | CITY OR 10 | | COUNTY | STATE |
| sed from, on | d that in (my) (aur | apiman death accurred | an the do | | | , that (I) (we) fost ne causes stated |
| | DEGREE | | 77 | | 77¢ DA | TE SIGNED |
| 1. mr | ATTEN | NDING MEDICAL | STAI PHYSIC | | 81 | 16 |
| k | 22e ADDRESS | 107 For Ha | long | olas, | edes | / |
| 230 NAME OF C | EMETERY OR CREM | ATORY 23d. LOCAT | ION | | | |
| Woodlaw | n Cemetery | Wood | awn | Bai | ltimor | Maryland |
| Directors, aryland 21133 | | 250. DATE REC'D. BY RE | | 256 REGISTR | AR'S SIGN | ATURE |
| | | | -t | | - | - 1. m |

| | UNERAL DIRECTOR Loring | evers Funeral D | irectors. | Inc. | 250. DIANE P | EC'D. BY REGISTRAR | 256 REGISTRAR'S SIC | NATURE |
|--------|--|--|-------------------------------------|-------------|--------------|-------------------------------------|--|------------------------|
| | BURIAL, CREMATION, REMOVAL | 8-10-85 | A 100 TO 100 TO 100 | n Cemetery | ATORY | 23d. LOCATION CITY OF TOWN WOOdlawn | Baltimo | re Maryland |
| | 22d. PHYSICIAN'S NAME LIVE ORPR | my Troke | | 22e ADDRESS | | to the king | olal, ede | 1 |
| | abave, (1) (we) (did) (did nat) v 22b SIGNATURE | DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR F | | | 22c. I | DATE SIGNED | | |
| | 220 1 certify that (1) (this hospital) oftended the deceased from 7/11, 19/17, to 9/19/19/19/19/19/19/19/19/19/19/19/19/19 | | | | | | | |
| MEDIC | (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O | 211 LOCATION STREET CITY OR TOWN | | | | Y STATE | |
| AL CE | 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) OR CONTRIBUTING CAUSE OF DEATH CA | | | | | | | |
| RTIFIC | | | | | YE | | IN CERTIFYING CAUSES OF DEATH? YES NO NO | |
| ATION | | | | | | | 206. IF YES, WERE FI | |
| | gave rise to immediate couse (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF Conditions, ill any, which (b) | | | | | | | |
| | 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C | Y: | MONIG. | | | | 861) | VEEN ONSET AND DEATH |
| | THE CANCE OF DEATH (Fotor colure | no course per line for int / | | | | | | WEEN CAISET AND OF ATO |

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MONTH 4. RACE LYEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH FARE OF NORFION MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 13d. INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME MANAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 8 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (a) stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 218 PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (I) (the hespital) arended the degeosed from sow the deceosed of and that in (my) (and opinion death accurred on the date and hour and from the causes stated 27h SIGNATURE MEDICAL ATTENDING PHYSICIAN P DIRECTOR PHYSICIAN THE PHYSICIANUS NAME FOR CHARME 22e ADDRESS YJE BURIAL GEMATION REMOVAL LOCATION Jih DATE CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

IMPORT/ ld b

